

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 021 ****70.00

DOCUMENT # N03959

1. Entity Name
THE MICANOPY HISTORICAL SOCIETY, INC.



Principal Place of Business
**CORNER OF CHOLOKKA BLVD & BAY ST
P.O. BOX 462
MICANOPY, FL 32667 US**

Mailing Address
**CORNER OF CHOLOKKA BLVD & BAY ST
P.O. BOX 462
MICANOPY, FL 32667 US**

40014000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2631148

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, H.C. JR
C/O HRH INSURANCE CO. OF FLA
4880 NEWBERRY RD., SUITE 100
GAINESVILLE, FL 32607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **GEERS, ED**
STREET ADDRESS **10715 SW 10 TERRACE**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **STREAM, JEAN**
STREET ADDRESS **21465 NW 29TH TERR.**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE ☒ Change ☐ Addition
NAME **Pat^S Rudolph**
STREET ADDRESS **204 W. Smith Ave**
CITY-ST-ZIP **Micanopy, FL 32667**

TITLE **T** ☒ Delete
NAME **BRADY, TOM**
STREET ADDRESS **P.O. BOX 523**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE ☒ Change ☐ Addition
NAME **To Ann Parham**
STREET ADDRESS **317 NW 32nd St.**
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE **D** ☐ Delete
NAME **THRASHER, ELENOR**
STREET ADDRESS **6424 SE 169TH AV**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **CARR, MIMI**
STREET ADDRESS **1673 NW 19 CIRCLE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☒ Change ☐ Addition
NAME **Charles Horn**
STREET ADDRESS **115 S.E. Wacahoota Rd**
CITY-ST-ZIP **Micanopy, FL 32667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Diana Cohn**
STREET ADDRESS **102 N. E. Seminary Ave**
CITY-ST-ZIP **Micanopy, FL 32667**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *To Ann Parham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07 (352)336-2566
Date Daytime Phone #