


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90015 031 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2631148			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P GEERS, ED <input checked="" type="checkbox"/> Delete 10715 SW 10 TERRACE MICANOPY, FL 32667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pierce, Robert N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 S.E. Tusculum Rd Micanopy, FL 32667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUDOLPH, PAT <input type="checkbox"/> Delete 204 W. SMITH AVE MICANOPY, FL 32667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARHAM, JOANN <input type="checkbox"/> Delete 317 NW 32ND ST. GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THRASHER, ELENOR <input type="checkbox"/> Delete 6424 SE 169TH AV MICANOPY, FL 32667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORN, CHARLES <input checked="" type="checkbox"/> Delete 115 SE WACAHOOTA RD MICANOPY, FL 32667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fay, Thomas H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1161 N.W. 3rd St. Gainesville, FL 32601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, DIANA <input type="checkbox"/> Delete 102 NE SEMINARY AVE MICANOPY, FL 32667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jo Ann Parham</u> <u>Jo Ann Parham</u> <u>7-27-08</u> <u>(352) 336-2566</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					