

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03959

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE MICANOPY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

CORNER OF CHOLOKKA BLVD & BAY ST
MICANOPY, FL 32667 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2631148 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PIERCE, ROBERT N
Address: 401 S.E. TUSCAWILLA RD
City-St-Zip: MICANOPY, FL 32667

Title: S () Delete
Name: RUDOLPH, PAT
Address: 204 W. SMITH AVE
City-St-Zip: MICANOPY, FL 32667

Title: T () Delete
Name: PARHAM, JOANN
Address: 317 NW 32ND ST.
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: THRASHER, ELENOR
Address: 6424 SE 169TH AV
City-St-Zip: MICANOPY, FL 32667

Title: VP () Delete
Name: FAY, THOMAS H
Address: 116 N.W. 3RD ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: COHN, DIANA
Address: 102 NE SEMINARY AVE
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CARR, MIMI
Address: 1673 NW 19TH CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN GEERS (FOR ROB PIERCE, PRES.)

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date