

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03959

FILED
Jan 12, 2010
Secretary of State

Entity Name: THE MICANOPY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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
Name: THRASHER III, JOHN E
Address: 6424 SE 169TH AVE.
City-St-Zip: MICANOPY, FL 32667

Title: V P
Name: CARR, MIMI
Address: 1673 NW 19TH CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: GLENN, JULIE
Address: P. O. BOX 11
City-St-Zip: MICANOPY, FL 32667

Title: S
Name: HARLAN, WILLIAM W
Address: 18227 WHITING ST..
City-St-Zip: MICANOPY, FL 32667

Title: H
Name: BAILEY, KEITH
Address: P O BOX 141685
City-St-Zip: GAINESVILLE, FL 32614

Title: T
Name: THRASHER, ELEANOR K
Address: 6424 SE 169TH AVE.
City-St-Zip: MICANOPY, FL 32667

I hereby 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 all other like empowered.

SIGNATURE: ELEANOR K. THRASHER

T

01/12/2010

Electronic Signature of Signing Officer or Director

Date