

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90299 008 ****61.25

DOCUMENT # N04000006927

1. Entity Name
CANAL STREET HISTORY FOUNDATION, INC.



Principal Place of Business
**7854 PETERSEN POINT ROAD
MILTON, FL 32583**

Mailing Address
**7854 PETERSEN POINT ROAD
MILTON, FL 32583**

400000740



2. Principal Place of Business
5003 BASIN AVENUE

3. Mailing Address
5003 BASIN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005 Chg-NP CR2E037 (10/03)

City & State
MILTON FL

City & State
MILTON FL

4. FEI Number
51-0540454

Applied For
Not Applicable

Zip
32583 Country
USA

Zip
32583 Country
USA

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

6. Name and Address of Current Registered Agent

**WENTWORTH, EDITH H
7854 PETERSEN POINT ROAD
MILTON, FL 32583**

7. Name and Address of New Registered Agent

Name
EDITH H. WENTWORTH

Street Address (P.O. Box Number is Not Acceptable)
5003 BASIN AVENUE

City
MILTON FL Zip Code
32583

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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WENTWORTH, EDITH H
7854 PETERSEN POINT ROAD
MILTON, FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMACKIN, TRACEY
6633 NICHOLS DRIVE
MILTON, FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTFORD, ARLEEN
7760 LAKESIDE DRIVE
MILTON, FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EDITH H. WENTWORTH ☒ Change ☐ Addition
5003 BASIN AVENUE
MILTON, FL 32583**

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

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Edith H. Wentworth** **EDITH H WENTWORTH** 4/13/05 (850) 572-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #