

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000006927

1. Entity Name
CANAL STREET HISTORY FOUNDATION, INC.



Principal Place of Business

5003 BASIN AVE
MILTON, FL 32583

Mailing Address

5003 BASIN AVE
MILTON, FL 32583



04262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0540454

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WENTWORTH, EDITH H
5003 BASIN AVE
MILTON, FL 32583

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000553728
05/15/06-80062-025 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME WENTWORTH, EDITH H
STREET ADDRESS 5003 BASIN AVE
CITY-ST-ZIP MILTON, FL 32583

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Edith H. Wentworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDITH H WENTWORTH

4/26/06
Date

(850) 572-7773
Daytime Phone #