

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006927

FILED
Feb 20, 2009
Secretary of State

Entity Name: CANAL STREET HISTORY FOUNDATION, INC.

Current Principal Place of Business:

5003 BASIN AVE
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

5003 BASIN AVE
MILTON, FL 32583

New Mailing Address:

FEI Number: 51-0540454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WENTWORTH, EDITH H
5003 BASIN AVE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

HEFLIN, RAYMOND M
5003 BASIN AVE
MILTON, FL 32583 US

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: RAYMOND M HEFLIN

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WENTWORTH, EDITH H
Address: 5003 BASIN AVE
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: MCMACKIN, TRACEY
Address: 6633 NICHOLS DRIVE
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: MONTFORD, ARLEEN
Address: 7760 LAKESIDE DRIVE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEFLIN, RAYMOND M
Address: 5003 BASIN AVE
City-St-Zip: MILTON, FL 32583

Title: ST (X) Change () Addition
Name: MCMACKIN, TRACEY
Address: 6633 NICHOLS DRIVE
City-St-Zip: MILTON, FL 32583

Title: P (X) Change () Addition
Name: MONTFORD, ARLEEN
Address: 7760 LAKESIDE DRIVE
City-St-Zip: MILTON, FL 32583

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: RAYMOND M HEFLIN

D

02/20/2009

Electronic Signature of Signing Officer or Director

Date