

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008268

FILED
Apr 17, 2005
Secretary of State

Entity Name: SOUTHEAST HISTORICAL PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

770 S.US HWY 1
OAK HILL, FL 32759

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 406
OAK HILL, FL 32759

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, RENEE K
198 N. GAINES ST
OAK HILL, FL 32759 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: JONES, RENEE K
Address: P.O.BOX 406
City-St-Zip: OAK HILL, FL 32759

Title: VP () Delete
Name: WATTERS, LINDA
Address: 222 GARY AVE
City-St-Zip: OAK HILL, FL 32759

Title: TREA () Delete
Name: MORRELL, JUDY
Address: 579 CALIBRE CREST PK WY #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: RENEE K JONES

P

04/17/2005

Electronic Signature of Signing Officer or Director

Date