2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006196

Entity Name: WALDO HISTORICAL SOCIETY, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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14483 N.E. 140TH AVE. WALDO, FL 32694

Current Mailing Address: New Mailing Address:

P.O. BOX 459 WALDO, FL 32694

FEI Number: 33-1119027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 DODD, PENNY
 DODD, PENNY TREAS

 14483 N.E. 140TH AVE.
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 WALDO, FL 32694
 US

 WALDO, FL 32694
 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: PENNY DODD 04/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition ROE, LUCY Name: Name: Address: 14580 KENNARD STREET Address: City-St-Zip: WALDO, FL 32694 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MITCHELL, RUBY Name: Address: 13909 NE 160TH AVENUE Address: City-St-Zip: WALDO, FL 32694 City-St-Zip: Title: () Delete Title: (X) Change () Addition WORLEY, KIM Name: MAULDIN, VERA Name: 13738 NE 140TH STREET Address: PO DRAWER B Address: City-St-Zip: WALDO, FL 32694 City-St-Zip: WALDO, FL 32694 () Delete (X) Change () Addition Title: Title: Name: DODD, PENNY Name: DODD, PENNY 14483 NE 140TH AVENUE Address: PO BOX 459 Address: WALDO, FL 32694 City-St-Zip: WALDO, FL 32694 City-St-Zip: Title: () Delete Title: () Change (X) Addition DAVIS, DIANA Name: Name: 14974 NE 145TH AVENUE Address: Address: City-St-Zip: City-St-Zip: WALDO, FL 32694 Title: () Delete Title: () Change (X) Addition ESTES, RODNEY Name: Name: Address: Address: 14272 COLE STREET WALDO, FL 32694 City-St-Zip: City-St-Zip:

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: PENNY DODD T 04/26/2007