

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006196

FILED
Apr 16, 2008
Secretary of State

Entity Name: WALDO HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 459
WALDO, FL 32694

New Mailing Address:

FEI Number: 33-1119027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODD, PENNY TREAS
14483 N.E. 140TH AVE.
WALDO, FL 32694 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: ROE, LUCY
Address: 14580 KENNARD STREET
City-St-Zip: WALDO, FL 32694

Title: V () Delete
Name: MITCHELL, RUBY
Address: 13909 NE 160TH AVENUE
City-St-Zip: WALDO, FL 32694

Title: S () Delete
Name: MAULDIN, VERA
Address: 13738 NE 140TH STREET
City-St-Zip: WALDO, FL 32694

Title: T () Delete
Name: DODD, PENNY
Address: 14483 NE 140TH AVENUE
City-St-Zip: WALDO, FL 32694

Title: B () Delete
Name: DAVIS, DIANA
Address: 14974 NE 145TH AVENUE
City-St-Zip: WALDO, FL 32694

Title: B () Delete
Name: ESTES, RODNEY
Address: 14272 COLE STREET
City-St-Zip: WALDO, FL 32694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDREWS, GINGER
Address: 4923 NE 77TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: V (X) Change () Addition
Name: BIVINS, IDA
Address: P.O. BOX 7
City-St-Zip: EARLETON, FL 32631

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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

04/16/2008

Electronic Signature of Signing Officer or Director

Date