

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006196

FILED  
Apr 23, 2009  
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: ANDREWS, GINGER  
Address: 4923 NE 77TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32609

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

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: ( ) 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:

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

04/23/2009

Electronic Signature of Signing Officer or Director

Date