

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008231

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** THE HISTORICAL PRESERVATION SOCIETY OF STURGEON & AFFILIATED FAMILIES, INC.

**Current Principal Place of Business:**

18690 SW 291ST STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

18690 SW 291ST STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 20-3233569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LITTLE, LINDA R  
18690 SW 291ST STREET  
HOMESTEAD, FL 33030 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: D ( ) Delete  
Name: STURGEON, J.R.  
Address: ROUTE 1 BOX 156  
City-St-Zip: CANEY, KS 67333

Title: CEO ( ) Delete  
Name: LITTLE, LINDA R  
Address: 18690 SW 291ST STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: COLLINS, JOYCE  
Address: 4074 RICHMOND  
City-St-Zip: ABILENE, TX 79605

Title: S ( ) Delete  
Name: BLAIR, JUDY C  
Address: 1993 STATE HWY #149  
City-St-Zip: CARTHAGE, TX 75633

Title: T ( ) Delete  
Name: INMAN, JAN  
Address: 10801 W HWY #66 APT 122  
City-St-Zip: YUKON, OK 73099

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA R LITTLE

CEO

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date