

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90019 025 \*\*\*\*61.25

**DOCUMENT # N05711**

1. Entity Name

GOLDENROD HISTORICAL SOCIETY, INC.



Principal Place of Business

4755 PALMETTO AVE  
WINTER PARK FL 32792

Mailing Address

C/O RAY MILLER  
P O BOX 423  
GOLDENROD FL 32733

44003326



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-2510019

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, C R  
5216 LAZY OAKS DR  
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME RUSTERHOLZ, YARDA  
STREET ADDRESS 6009 TWIN LAKE LANE  
CITY-ST-ZIP OVIEDO FL

TITLE SD ☐ Delete  
NAME GODSELL, TERRI  
STREET ADDRESS 202 QUAYSIDE CIRCLE # 104  
CITY-ST-ZIP MAITLAND FL 32751

TITLE VD ☐ Delete  
NAME BAUER, CHRISTIAN DR  
STREET ADDRESS 8661 ASPEN AVE.  
CITY-ST-ZIP ORLANDO FL 32817

TITLE D ☒ Delete  
NAME CARMICHAEL, DOREEN  
STREET ADDRESS 1517 MAYFLOWER  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE PD ☐ Delete  
NAME MILLER, C R  
STREET ADDRESS 5216 LAZY OAKS DR  
CITY-ST-ZIP WINTER PARK FL

TITLE TD ☐ Delete  
NAME FOX, DOTOTHEA M  
STREET ADDRESS 5100 OLD HOWELL BRANCH RD  
CITY-ST-ZIP WINTER PARK FL 32792

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME D MARIE BURCH  
STREET ADDRESS 9818 LAKE GEORGIA DR.  
CITY-ST-ZIP ORLANDO, FL 32817-3135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C. R. MILLER C. R. (RAY) MILLER

01/22/04

407-677-5980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #