2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Jan 27, 2005 08:00 AN DOCUMENT # N05711 **Secretary of State** 1. Fotity Name GOLDENROD HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address 4755 PALMETTO AVE WINTER PARK FL 32792 C/O RAY MILLER P O BOX 423 GOLDENROD FL 32733 2. Principal Place of Business 3. Mailing Address Suite. Apt # etc Suite, Apt #, etc 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2510019 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, CR Street Address (P.O. Box Number is Not Acceptable) 5216 LAZY OAKS DR WINTER PARK FL 32792 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 Signer includes frontaginame of registered agent and title if applicable (NOTE Registered Agent's gnature required when restistating DATE FILE NOW: FEE IS \$61.25 9. Electron Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 HEE Delete Tritt ☐ Addition RUSTERHOLZ, YARDA U00000199998 NAME MANAG 01/28/05-80009-005 61.25 6009 TWIN LAKE LANE STALL AUTHESS STREET ADDRESS OVIEDO FL Citrist 72 CITY ST-ZIP аце Delete Change Addition 11116 GODSELL, TERRI NAME NAME TREET ADDRE 202 QUAYSIDE CIRCLE # 104 STREET ADDRESS MAITLAND FL 32751 DD7 5-39 CITY-ST-ZIP Delete MILE tiitt The Change Addition BAUER, CHRISTIAN DR NAM NA 1 SHEEL ADDRESS 8661 ASPEN AVE. STREET ADDRESS OFF OF 76 ORLANDO FL 32817 CITY-ST- AP HILL 1111 ☐ Addition Delete Change BURCH, MARIE NAM NAME 9818 LAKE GEORGIA DR. STREET APPLIED STREET ADDRESS ORLANDO FL 32817-3135 CITY-ST-ZIP Clr St zib iffile ☐ Delete $\mathfrak{M}\mathfrak{h}$ ☐ Change Addition MILLER, CR NAMI 5216 LAZY OAKS DR STREET ADDRESS DREET ALL NEW WINTER PARK FL CD 51 70 CITY ST-ZIP Delete Change Addition mitt TILLE FOX, DOTOTHEA M NAME 5100 OLD HOWELL BRANCH RD 5THE LANDBERS STREET ADDRESS WINTER PARK FL 32792 Cross of 708 CITY-ST 7/P

12. Thereby 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

M. Z/52

SIGNATURE:

SIGNATURE AND TYPED OR PRUITED NAME OF SIGNING OFFICER OR DIRECTOR

changed or on an attachment with an address, with all other like empowered.