


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 028 ****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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2510019 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MILLER, C R 5216 LAZY OAKS DR WINTER PARK, FL 32792 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUSTERHOLZ, YARDA | | NAME | | |
| STREET ADDRESS | 6009 TWIN LAKE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OVIEDO, FL | | CITY-ST-ZIP | | |
| TITLE | SD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GODSELL, TERRI | | NAME | | |
| STREET ADDRESS | 202 QUAYSIDE CIRCLE # 104 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MAITLAND, FL 32751 | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BAUER, CHRISTIAN DR | | NAME | | |
| STREET ADDRESS | 8661 ASPEN AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32817 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BURCH, MARIE | | NAME | | |
| STREET ADDRESS | 9818 LAKE GEORGIA DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 328173135 | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MILLER, C R | | NAME | D | |
| STREET ADDRESS | 5216 LAZY OAKS DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK, FL | | CITY-ST-ZIP | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FOX, DOTOTHEA M | | NAME | PD Fox, Dorothea M. | |
| STREET ADDRESS | 5100 OLD HOWELL BRANCH RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK, FL 32792 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dorothea M. Fox, Pres</i> | | | 4-25-06 407-671-4448 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dorothea M. Fox | | | | | |