

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90011 001 ****61.25

DOCUMENT # N05711

1. Entity Name

GOLDENROD HISTORICAL SOCIETY, INC.



Principal Place of Business

4755 PALMETTO AVE
WINTER PARK FL 32792

Mailing Address

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

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

MARIE S BURCH, Reg. Agent

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2510019

Applied For

Not Applicable

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 *MARIE S BURCH*

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

9818 LAKE GEORGIA DRIVE

City *ORLANDO*

FL Zip Code *32817*

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

Marie S. Burch, Director & Treas.

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4-16-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

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

TITLE ☐ Delete
NAME T
STREET ADDRESS BURCH, MARIE
CITY-ST-ZIP 9818 LAKE GEORGIA DR.
ORLANDO FL 32817-3135

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME VP D
STREET ADDRESS JOE E. REGNER, JR.
CITY-ST-ZIP 2935 FITZBOOTH DRIVE
WINTER PARK, FL 32792

TITLE ☒ Change ☐ Addition
NAME 750 KILLARNEY BAY COURT
STREET ADDRESS
CITY-ST-ZIP WINTER PARK, FL 32789-1308

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

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

TITLE ☐ Change ☒ Addition
NAME PP
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 exemptions contained in Section 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:

Marie S. Burch (MARIE S. BURCH)

4-16-07

401-657-8394