



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90317 006 \*\*\*61.25

<b>DOCUMENT # N05851</b> 1. Entity Name <b>LAFAYETTE COUNTY HISTORICAL SOCIETY, INC.</b>					
Principal Place of Business <b>DREW BELL, JR.</b> <b>RT. 1 BOX 665</b> <b>MAYO, FL 32066</b>			Mailing Address <b>DREW BELL, JR.</b> <b>RT. 1 BOX 665</b> <b>MAYO, FL 32066</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>7538 N.W. CR. 251</b> Suite, Apt. #, etc.			
City & State <b>MAYO, FL.</b>		City & State <b>MAYO, FL.</b>		4. FEI Number <b>59-2491556</b>	
Zip <b>32066</b>		Country <b>LAfayette</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DREW, BELL</b> <b>RT. 1 BOX 665</b> <b>MAYO, FL 32066</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Drew Bell Jr. PD</i></u> <span style="margin-left: 100px;"><i>Drew Bell Jr.</i></span> <span style="float: right;"><u>04/08/04</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURDEN, KAY RT 2 BOX 68 N/A MAYO, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR COLLAR 104 N.E. SWANNEE TRAIL MAYO, FL. 32066	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOPP, PETRENA RT. 6 BOX 931 N/A MAYO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vi Johnson P.O. Box 696 MAYO, FL. 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, DREW RT 1 BOX 665 MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bell, DREW 7538 N.W. CR. 251 MAYO, FL. 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Drew Bell Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04/08/04</u> <small>Date</small>		<u>986-294-2932</u> <small>Daytime Phone #</small>