

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05851</b>	
1. Entity Name LAFAYETTE COUNTY HISTORICAL SOCIETY, INC.	
Principal Place of Business DREW BELL, JR. RT. 1 BOX 665 MAYO, FL 32066	Mailing Address 7538 NW CR 251 MAYO, FL 32066



04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2491556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DREW, BELL RT. 1 BOX 665 MAYO, FL 32066	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CULLAR, TAYLOR 104 NE SUWANNEE TRAIL MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, VI P.O. BOX 696 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, DREW 7538 NW CR 251 MAYO, FL 32066
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U000000320603  
04/21/05-80042-022 61.25

**DO NOT WRITE  
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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:** Drew Bell Jr Drew Bell Jr 04/19/05 386-294-2932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/Week Phone #