2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 26, 2007 08:00 AM Secretary of State

DO	Cl	JN	1EI	VΤ	#1	N0	5851

1. Entity Name

LAFAYETTE COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

DREW BELL, IR. RT. 1 BOX 665 MAYO, FL 32066 7538 NW CR 251 MAYO, FL 32066



DO NOT WRITE IN THIS SPACE

03192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2491556

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DREW, BELL RT. 1 BOX 665 MAYO, FL 32066

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRE		1						
THILE NAME STREET ADDRESS CITY-ST-ZIP	TD CALHOUN, IRENE 642 NE TANSY RD MAYO, FL 32066								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, VI U00000679100 SS P.O. BOX 696 MAYO, FL 32066								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, DREW 7538 NW CR 251 MAYO, FL 32066		DC		NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. Thereby certify that the information supplied with this filling 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.									

DREW Bell JR.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR