


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N05851</b> 1. Entity Name LAFAYETTE COUNTY HISTORICAL SOCIETY, INC.	
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Principal Place of Business <b>DREW BELL, JR. RT. 1 BOX 665 MAYO, FL 32066</b>	Mailing Address <b>7538 NW CR 251 MAYO, FL 32066</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000954021 07/10/08-80005-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE 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 P.O. BOX 696 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, DREW 7538 NW CR 251 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Drew Bell Jr. **DREW Bell JR.** 07/08/08 386-294-2932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #