

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

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N06075



1. Entity Name
CORTEZ VILLAGE HISTORICAL SOCIETY,
INCORPORATED

Principal Place of Business Mailing Address
4527-123 ST W PO BOX 663
PO BOX 663 CORTEZ FL 34215
CORTEZ FL 34215

2. Principal Place of Business 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.
City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MARY FULFORD
4527-123 ST CT W
CORTEZ FL 34215

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	FULFORD RALPH M.	
STREET ADDRESS	12112 45TH AVENUE W.	
CITY-ST-ZIP	CORTEZ FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOLTO LINDA	
STREET ADDRESS	4519 124TH AVE. W.	
CITY-ST-ZIP	CORTEZ FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREEN, MARY FULFORD	
STREET ADDRESS	4527 123 ST W	
CITY-ST-ZIP	CORTEZ FL 34215	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWEY, HARRY	
STREET ADDRESS	CORTEZ TARIER PARK-126 ST.	
CITY-ST-ZIP	CORTEZ FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Mary Fulford Green (Mary Fulford Green) 4/8/05 (41) 795-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #