2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N06075 Jan 31, 2007 08:00 AM 1. Entity Name **Secretary of State** CORTEZ VILLAGE HISTORICAL SOCIETY, **INCORPORATED** Principal Place of Business Mailing Address PO BOX 663 CORTEZ FL 34215 4527-123 ST W PO BOX 663 CORTEZ FL 34215 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GREEN, MARY FULFORD Street Address (P.O. Box Number is Not Acceptable) 4527-123 ST CT W CORTEZ FL 34215 Zip Code 8. The above named onlity 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. U00000614473 □ Change □ Addition THE PD ☐ Delete TILLE 02/06/07-80032-007 61.25 NAME NAME FULFORD RALPH M. STREET ADDRESS STREET ADDRESS 12112 45TH AVENUE W. CITY-ST-ZIP CITY - ST - ZiP CORTEZ FL ☐ Change Addition SD ☐ Delete THLE NAME MOLTO LINDA STREET ADDRESS 4519 124TH AST, W. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORTEZ FL ☐ Delete Change ■ Addition ши TITLE NAME. NAME GREEN, MARY FULFORD STREET ADDRESS STREET ADDRESS 4527 123 ST W CITY-ST-7IP CITY-ST-ZIP CORTEZ FL 34215 Change ☐ Addition TITLE Delete TITLE NAME NAME HOWEY, HARRY STREET ADDRESS STREET ADDRESS CORTEZ TARILER PARK-126 ST. CITY-ST-ZIP CHY-ST-ZIP CORTEZ FL ME ☐ Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath, 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 Fuford Green (Mary FUFERD Great) T/D

1/29/07 941)795-712/