

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000705

FILED
Apr 17, 2009
Secretary of State

Entity Name: ISLAND & VILLAGE OF GENEVA RURAL HERITAGE CENTER, INC.

Current Principal Place of Business:

MUSEUM OF GENEVA HISTORY
165 FIRST STREET
GENEVA, FL 32732

New Principal Place of Business:

MUSEUM OF GENEVA HISTORY
275 FIRST ST.
GENEVA, FL 32732

Current Mailing Address:

PO BOX 91
GENEVA, FL 32732

New Mailing Address:

PO BOX 847
GENEVA, FL 32732

FEI Number: 26-1532799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAPLETON, CHRISTOPHER
1255 SARATOGA LANE
GENEVA, FL 32732 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAPLETON, CHRISTOPHER
Address: 1255 SARATOGA LANE
City-St-Zip: GENEVA, FL 32732

Title: VP () Delete
Name: SLOAN, SHELLY
Address: 135 WHITCOMB DRIVE
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: CREEDON, RICHARD
Address: 1172 APACHE DRIVE
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HARRELSON, ROCKY
Address: 225 CAROLINE WAY
City-St-Zip: GENEVA, FL 32732

Title: D (X) Change () Addition
Name: MARTIN, MARY JO
Address: PO BOX 1188
City-St-Zip: GENEVA, FL 32732

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER STAPLETON

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date