2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# N08000004973

Entity Name: VERNON HISTORIAL SOCIETY, INC.

Current Principal Place of Business:

2808 YELLOW JACKET DRIVE
VERNON, FL 32462

New Principal Place of Business:

Current Mailing Address:

PO BOX 340
VERNON, FL 32462

New Mailing Address:

PO BOX 33
VERNON, FL 32462

FEI Number: 59-3605768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROCK, JERRY
3111 CHURCH ST
VERNON, FL 32462 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: PD ( ) Delete
Name: MORRIS, ANGIA
Address: 3136 HWY 277
City-St-Zip: VERNON, FL 32462

Title: VPD ( ) Delete
Name: BREWER, VIVIAN
Address: 2808 YELLOW JACKET DRIVE
City-St-Zip: VERNON, FL 32462

Title: SD ( ) Delete
Name: BARAGONA, GLORIA
Address: 3288 BARAGONA ACRES RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete
Name: WELLS, LINDA
Address: 2488 HWY 277
City-St-Zip: VERNON, FL 32462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: CATES, PAM
Address: 2681 TRAVERSE DRIVE
City-St-Zip: VERNON, FL 32462

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

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

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: LINDA WELLS TD 07/02/2009
Electronic Signature of Signing Officer or Director — Date