

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

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N08609

1. Entity Name

CALLAWAY HISTORICAL SOCIETY, INC.



Principal Place of Business

522 BEULAH AVENUE
P.O. BOX 6082
PANAMA CITY FL 32404
US

Mailing Address

522 BEULAH AVENUE
P.O. BOX 6082
PANAMA CITY FL 32404
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2596231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUSTER, BERTIE B.
5207 TERI LANE
PANAMA CITY FL 32402

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 renewing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☐ Delete
NAME PATTERSON, LILLIAN MRS
STREET ADDRESS 134 SOUTH MARY ELLA AVE
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE VPD ☐ Delete
NAME HOGAN, ROBERT M
STREET ADDRESS 6151 HOGAN ROAD
CITY-ST-ZIP PANAMA CITY FL 32404-7557

TITLE SD ☐ Delete
NAME EDWARDS, MARY LOU
STREET ADDRESS 217 COLLINFURST SQ
CITY-ST-ZIP PANAMA CITY FL 32404-4831

TITLE TD ☐ Delete
NAME HOGAN, JACQUEINE S MRS
STREET ADDRESS 6151 HOGAN RD
CITY-ST-ZIP PANAMA CITY FL 32404-7557

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
U00000632598
02/21/07-80030-006 61.25

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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:

Lillian Patterson

Feb 9 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #