

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08609

FILED
Apr 07, 2009
Secretary of State

Entity Name: CALLAWAY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

522 BEULAH AVENUE
PANAMA CITY, FL 32404 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2596231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, LILLIAM MRS.
134 SOUTH MARY ELLA
PANAMA CITY, FL 32402 US

Name and Address of New Registered Agent:

PATTERSON, LILLIAN MRS.
134 SOUTH MARY ELLA
PANAMA CITY, FL 32404 US

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: LILLIAN PATTERSON

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATTERSON, LILLIAN MRS
Address: 134 SOUTH MARY ELLA AVE
City-St-Zip: PANAMA CITY, FL 32404

Title: VPD () Delete
Name: HOGAN, ROBERT M
Address: 6151 HOGAN ROAD
City-St-Zip: PANAMA CITY, FL 324047557

Title: SD () Delete
Name: EDWARDS, MARY LOU
Address: 217 COLLINFURST SQ
City-St-Zip: PANAMA CITY, FL 324044831

Title: TD () Delete
Name: HOGAN, JACQUEINE S MRS
Address: 6151 HOGAN RD
City-St-Zip: PANAMA CITY, FL 324047557

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: HOGAN, JACQUELINE S MRS
Address: 6151 HOGAN RD
City-St-Zip: PANAMA CITY, FL 324047557

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: LILLIAN PATTERSON

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date