

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08944

FILED
Apr 19, 2005
Secretary of State

Entity Name: HAMILTON COUNTY HISTORICAL MUSEUM, INCORPORATED

Current Principal Place of Business:

501 N.E. FIRST AVE.
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 929
JAPER, FL 32052 US

New Mailing Address:

FEI Number: 59-2857009 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LONGSHORE, BECKIE
2434 CR 51 N
JASPER, FL 32052 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: DS () Delete
Name: SMITH, SHIRLEY
Address: 11610 CR 6 E
City-St-Zip: JASPER, FL 32052

Title: TD () Delete
Name: LONGSHORE, BECKIE
Address: 2434 CR 51 N
City-St-Zip: JASPER, FL 32052

Title: PD () Delete
Name: SMITH, WAYNE
Address: 11610 CR 6 E
City-St-Zip: JASPER, FL 32052

Title: VD () Delete
Name: LEWIS, MARGARET
Address: 408 SE 7TH STREET
City-St-Zip: JASPER, FL 32052

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: VD (X) Change () Addition
Name: GREENE, BILLY
Address: P O BOX 1515
City-St-Zip: JASPER, FL 32052

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BECKIE LONGSHORE

TD

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date