

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08944

FILED  
Mar 18, 2010  
Secretary of State

**Entity Name:** HAMILTON COUNTY HISTORICAL MUSEUM, INCORPORATED

**Current Principal Place of Business:**

105 FIRST AVENUE  
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  
Name: SMITH, SHIRLEY  
Address: 11610 CR 6 E  
City-St-Zip: JASPER, FL 32052

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

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

Title: VD  
Name: TYRE, ALLEN  
Address: 5866 SW 56TH LANE  
City-St-Zip: JASPER, FL 32052

I hereby 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 all other like empowered.

SIGNATURE: BECKIE LONGSHORE

TD

03/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date