

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000032

FILED
Apr 19, 2009
Secretary of State

Entity Name: LAKE HELEN HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

327 SOUTH LAKEVIEW AVE
LAKE HELEN, FL 32744

New Principal Place of Business:

Current Mailing Address:

985 EAST OHIO AVE
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 94-3467826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, RICHARD W
112 NORTH FLORIDA AVE
DELAND, FL 32720 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: DP () Delete
Name: TAYLOR, RICHARD W
Address: 424 HAZEL ST
City-St-Zip: LAKE HELEN, FL 32744

Title: DV () Delete
Name: DRIGGERS, JANICE S
Address: PO BOX 11
City-St-Zip: LAKE HELEN, FL 32744

Title: DS () Delete
Name: BLACKMAN, NORMA
Address: 226 N EUCLID AVE
City-St-Zip: LAKE HELEN, FL 32744

Title: DT () Delete
Name: LONG, LEWIS C III
Address: 176 N EUCLID AVE
City-St-Zip: LAKE HELEN, FL 32744

Title: D () Delete
Name: SHUTTS, PATRICIA J
Address: 1082 W WISCONSIN
City-St-Zip: ORANGE CITY, FL 327634332

Title: D () Delete
Name: EVANS, ANITA F
Address: 1214 STEVENS ST
City-St-Zip: LAKE HELEN, FL 32706

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: DT (X) Change () Addition
Name: TAYLOR, JANE
Address: 424 HAZEL STREET
City-St-Zip: LAKE HELEN, FL 32744

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

Title: D (X) Change () Addition
Name: LONG, LEWIS C III
Address: 176 N EUCLID AVE
City-St-Zip: LAKE HELEN, FL 32744

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: NORMA BLACKMAN

DS

04/19/2009

Electronic Signature of Signing Officer or Director

Date