

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011439

FILED
Feb 18, 2010
Secretary of State

Entity Name: TIVOLI HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

202 KNOXHILL ROAD
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1598
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 27-1431371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, EDDIE
202 KNOXHILL ROAD
PONCE DE LEON, FL 32455 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: P
Name: WILLIAMSON, EDDIE
Address: 202 KNOXHILL ROAD
City-St-Zip: PONCE DE LEON, FL 32455

Title: V
Name: BROWN, JOHN C
Address: 30 FLORENCE STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S
Name: ROBINSON, NEOLIS
Address: 103 DORSEY AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: T
Name: DANIELS, PEGGY
Address: 136 GRAHAM AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D
Name: CODGELL, ANNA
Address: POST OFFICE BOX 183
City-St-Zip: ARGYLE, FL 32422

Title: D
Name: CRYSTAL, VICTORIA
Address: 698 W. ORANGE AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: EDDIE WILLIAMSON

PRES

02/18/2010

Electronic Signature of Signing Officer or Director

Date