


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N09696</b> 1. Entity Name SEBASTIAN AREA HISTORICAL SOCIETY, INC.	
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Principal Place of Business 700 MAIN STREET SEBASTIAN, FL 32958	Mailing Address P.O. BOX 781348 SEBASTIAN, FL 32978
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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2716155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>8. Name and Address of Current Registered Agent</b>  VANDEVOORDE, RENE G 1327 N CENTRAL AVE SEBASTIAN, FL 32958	<div style="border: 1px solid black; padding: 20px; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
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**8.** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDEVOORDE, RENE G 1327 N. CENTRAL AVE. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHERRER, VIRGENE 558 FUTCH WAY SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KILKELLY, SHIRLEY 950 FRANCISCAN AVE. SEBASTIAN, FL 32958
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/05-80039-005 61.25

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**12.** I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Shirley H. KilKelly **SHIRLEY H. KILKELLY** 1/8/05 (772) 582-5062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #