

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90009 040 \*\*\*\*61.25

**DOCUMENT # N09696**

1. Entity Name

SEBASTIAN AREA HISTORICAL SOCIETY, INC.



Principal Place of Business

700 MAIN STREET  
SEBASTIAN FL 32958

Mailing Address

P.O. BOX 781348  
SEBASTIAN FL 32978

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2716155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDEVOORDE, RENE G  
1327 N CENTRAL AVE  
SEBASTIAN FL 32958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VANDEVOORDE, RENE G	
STREET ADDRESS	1327 N. CENTRAL AVE.	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHERRER, VIRGENE	
STREET ADDRESS	558 FUTCH WAY	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	TD	<input type="checkbox"/> Delete
NAME	KILKELLY, SHIRLEY	
STREET ADDRESS	950 FRANCISCAN AVE.	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOAT, MICHAEL	
STREET ADDRESS	12965 82nd Ct	
CITY-ST-ZIP	Roseland, FL 32957	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOOK, BARBARA	
STREET ADDRESS	8466 91st Ave.	
CITY-ST-ZIP	Vero Beach, FL 32967	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUTENBERG, LOUISE	
STREET ADDRESS	973 Oswego	
CITY-ST-ZIP	Sebastian, FL 32958	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Kil Kelly*

SHIRLEY KIL KELLY

1/23/06

333-589-5012