

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009260

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** TWO RIVERS HISTORICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

111 LONNIE JACK DRIVE  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1131  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKER, BILL E  
115 COURTHOUSE TERRACE  
CRESTVIEW, FL 32536 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: PRES  
Name: SPANN, ANN  
Address: 4290 REBECCA RD  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: SEC  
Name: GOLDEN, PAM  
Address: 111 LONNIE JACK DRIVE  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D  
Name: HOLLARN, PAT  
Address: 139 POQUITO RD  
City-St-Zip: SHALIMAR, FL 32579 US

Title: D  
Name: MILLIGAN, JERRY  
Address: 1097 N. PEARL STREET  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D  
Name: PARKER, LINDA  
Address: P.O. BOX 982  
City-St-Zip: CRESTVIEW, FL 32536 US

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: LINDA PARKER

D

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date