2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2006
Secretary of State

DOCUMENT# N13092

Entity Name: THE WASHINGTON COUNTY HISTORICAL PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

916 N. 6TH ST.
CHIPLEY, FL 324281220

New Principal Place of Business:

Current Mailing Address:

1031 SUNDAY ROAD
CHIPLEY, FL 32428 US

New Mailing Address:

FEI Number: 59-2788489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODOM, DOROTHY
1031 SUNDAY ROAD
CHIPLEY, FL 32428 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:	PD	( ) Delete
Name:	ODOM, DOROTHY	
Address:	1031 SUNDAY RD	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	TD	( ) Delete
Name:	MCDONALD, VIVIAN	
Address:	1200 SOUTH BLVD.	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	VD	( ) Delete
Name:	GAINEY, WHIT	
Address:	250 ROCKHILL CHURCH RD	
City-St-Zip:	COTTONDALE, FL 32431	
Title:	D	( ) Delete
Name:	ENGRAM, MARVIN	
Address:	916 N 6TH STREET	
City-St-Zip:	CHIPLEY, FL	
Title:	SD	( ) Delete
Name:	PATTERSON, KIMBERLY	
Address:	1608 HOUGHSTON RD	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	D	( ) Delete
Name:	BUTLER, ALMA D.,	
Address:	407 S. THIRD ST.	
City-St-Zip:	CHIPLEY, FL	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHY ODOM PD 02/12/2006
Electronic Signature of Signing Officer or Director — Date