

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21735

FILED
Apr 02, 2010
Secretary of State

Entity Name: ALACHUA COUNTY HISTORIC TRUST: MATHESON MUSEUM, INC.

Current Principal Place of Business:

513 E UNIVERSITY AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

513 E UNIVERSITY AVE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2885199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERS, CARLA RA
513 E. UNIVERSITY AVE.
GAINESVILLE, FL 32601 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: D
Name: BARROW, MARK PRES
Address: 513 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: PATRICIA, HILLIARD-NUNN VP
Address: 513 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: BAUMSTEIN, BARRY TREAS
Address: 513 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: BELL, IVY SEC
Address: 513 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

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: CARLA M SUMMERS

ED

04/02/2010

Electronic Signature of Signing Officer or Director

Date