

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21735

FILED  
Feb 17, 2011  
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: BARRY, BAUMSTEIN VP  
Address: 513 E UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D  
Name: AUTH, DAVID 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

RA

02/17/2011

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

\_\_\_\_\_  
Date