

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90093 017 \*\*\*\*70.00

**DOCUMENT # N23433**

1. Entity Name

THE HISTORICAL SOCIETY OF INTERLACHEN, INC.



Principal Place of Business

215 ATLANTIC AVE  
P.O. BOX 1493  
INTERLACHEN FL 32148  
US

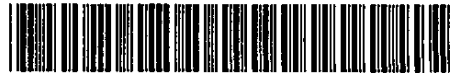
Mailing Address

215 ATLANTIC AVE  
P.O. BOX 1493  
INTERLACHEN FL 32148  
US

2. Principal Place of Business

3. Mailing Address

**20020733**



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2872679

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEYSER, TIMOTHY  
501 ATLANTIC AVE  
INTERLACHEN FL 32148

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, 2005**

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: VPD  
NAME: LYLES, JOHN D  
STREET ADDRESS: 107 CHIPCO WAY (PO BOX 115)  
CITY-ST-ZIP: INTERLACHEN FL 32148 ☐ Delete

TITLE: PD  
NAME: CANNON, HARRIETTE  
STREET ADDRESS: P.O. BOX 758  
CITY-ST-ZIP: INTERLACHEN FL 32148 ☐ Delete

TITLE: CSD  
NAME: WILSON, ROSLYN  
STREET ADDRESS: 500 LAKE SHORE TERRACE  
CITY-ST-ZIP: INTERLACHEN FL 32148 ☒ Delete

TITLE: TD  
NAME: LYLES, MARY ANNE  
STREET ADDRESS: 107 CHIPCO WA (PO BOX 115)  
CITY-ST-ZIP: INTERLACHEN FL 32148 ☐ Delete

TITLE: RSD  
NAME: GLOVER, PAMELA C  
STREET ADDRESS: 147 RILEY LAKE DRIVE  
CITY-ST-ZIP: HAWTHORNE FL 32640 ☐ Delete

TITLE: HD  
NAME: DAWSON, MARY L  
STREET ADDRESS: 211 PROSPECT STERRT  
CITY-ST-ZIP: INTERLACHEN FL 32124 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: CSD  
NAME: Davis, Janet C.  
STREET ADDRESS: 212 E. Tremont Street  
CITY-ST-ZIP: Interlachen, FL 32148 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Harriette Cannon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-05 (386)  
684-0942

Date

Daytime Phone #