2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N23433

1. Entity Name
THE HISTORICAL SOCIETY OF INTERLACHEN, INC.

Principal Place of Business	Mailing Address
215 ATLANTIC AVE P.O. BOX 1493 INTERLACHEN, FL 32148 US	215 ATLANTIC AVE P.O. BOX 1493 INTERLACHEN, FL 32148 US

DO NOT WRITE IN THIS SPACE

01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2872679
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

KEYSER, TIMOTHY
501 ATLANTIC AVE
INTERLACHEN, FL 32148

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	LYLES, JOHN D
STREET ADDRESS	107 CHIPCO WAY (PO BOX 115)
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	PD
NAME	CANNON, HARRIETTE
STREET ADDRESS	P.O. BOX 758
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	CSD
NAME	DAVIS, JANET C
STREET ADDRESS	212 E TREMONT ST
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	TD
NAME	LYLES, MARY A
STREET ADDRESS	107 CHIPCO WA (PO BOX 115)
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	RSD
NAME	GLOVER, PAMELA C
STREET ADDRESS	147 RILEY LAKE DRIVE
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	HD
NAME	DAWSON, MARY L
STREET ADDRESS	211 PROSPECT STERRT
CITY-ST-ZIP	INTERLACHEN, FL 32124

U00000424201
02/18/06-80039-005 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary Anne Lyles, Treasurer Mary Anne Lyles 1/25/06 386-684-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #