2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90015 009 ****61.25

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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WHITEHOUSE, SHIRLEY B 509 KENNEDY AVE. (P.O. BOX 215) INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CANNON, HARRIETTE P.O. BOX 758 INTERLACHEN FL 32148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jean Russell 155 Istanbul Street Interlachen, FL 32148	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD MEETZE, MARILYN 140 POPLAR DR. (P.O. BOX 113) INTERLACHEN FL 32148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD Peggy Wielock 119 Carol Avenue Interlachen, FL 32148	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYLES, MARY A 107 CHIPCO WA (PO BOX 115) INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD GLOVER, PAMELA C 147 RILEY LAKE DRIVE HAWTHORNE FL 32640	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HD DAWSON, MARY L 211 PROSPECT STERRT INTERLACHEN FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Mary Anne Lyles 03/04/2008 386-684-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #