

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23433

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** THE HISTORICAL SOCIETY OF INTERLACHEN, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

215 ATLANTIC AVE  
INTERLACHEN, FL 32148 US

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2872679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEYSER, TIMOTHY  
501 ATLANTIC AVE  
INTERLACHEN, FL 32148 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: VPD ( ) Delete  
Name: WHITEHOUSE, SHIRLEY B  
Address: 509 KENNEDY AVE. (P.O. BOX 215)  
City-St-Zip: INTERLACHEN, FL 32148

Title: PD ( ) Delete  
Name: RUSSELL, JEAN  
Address: 155 ISTANBUL ST  
City-St-Zip: INTERLACHEN, FL 32148

Title: CSD ( ) Delete  
Name: WIELOCK, PEGGY  
Address: 119 CAROL AVE  
City-St-Zip: INTERLACHEN, FL 32148

Title: TD ( ) Delete  
Name: LYLES, MARY A  
Address: 107 CHIPCO WA (PO BOX 115)  
City-St-Zip: INTERLACHEN, FL 32148

Title: RSD ( ) Delete  
Name: GLOVER, PAMELA C  
Address: 147 RILEY LAKE DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: HD ( ) Delete  
Name: DAWSON, MARY L  
Address: 211 PROSPECT STERRT  
City-St-Zip: INTERLACHEN, FL 32124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: ROGERS, DIANE  
Address: 409 E. TREMONT STREET  
City-St-Zip: INTERLACHEN, FL 32148

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CSD (X) Change ( ) Addition  
Name: GEYER, ANN L  
Address: 217 DUNCAN AVENUE  
City-St-Zip: INTERLACHEN, FL 32148

Title: TD (X) Change ( ) Addition  
Name: LYLES, MARY ANNE  
Address: 107 CHIPCO WAY  
City-St-Zip: INTERLACHEN, FL 32148

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY ANNE LYLES

TD

01/16/2009

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

\_\_\_\_\_  
Date