

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23433

FILED
Jan 05, 2012
Secretary of State

Entity Name: THE HISTORICAL SOCIETY OF INTERLACHEN, INC.

Current Principal Place of Business:

215 ATLANTIC AVE
INTERLACHEN, FL 32148 US

New Principal Place of Business:

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
Name: DAWSON, MARY LOU
Address: 211 PROSPECT ST.
City-St-Zip: INTERLACHEN, FL 32148 US

Title: PD
Name: RUSSELL, NORMA J
Address: 155 ISTANBUL ST
City-St-Zip: INTERLACHEN, FL 32148 US

Title: TD
Name: NEAL, VIRGINIA
Address: 108 LILY DRIVE
City-St-Zip: INTERLACHEN, FL 32148 US

Title: RSD
Name: PAPER, SUE
Address: 229 LAKE IDA POINT
City-St-Zip: INTERLACHEN, FL 32148 US

Title: D
Name: LAHERT, JOHN
Address: P O BOX 1942
City-St-Zip: INTERLACHEN, FL 32148

Title: D
Name: BOSS, JAMES
Address: 131 CHURCH LAKE DR.
City-St-Zip: INTERLACHEN, FL 32148

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: NORMA JEAN RUSSELL

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date