## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Main SPRINGS, FL 33166-0175   MAM SPRINGS, FL 33166-0175   P. D. BOX 660175   P. D. BOX	DOCUMENT # N24055  1. Entity Name MIAMI SPRINGS HISTORICAL SOCIETY INC.								FILED 06 JUL 17 AM 10: 59				59	
Sulfe, Apt. 8, etc.    Sulfe, Apt. 8, etc.   Sulfe, Apt. 8, etc.   Sulfe, Apt. 8, etc.   Sulfe, Apt. 8, etc.   Sulfe, Apt. 8, etc.   Sulfe, Apt. 8, etc.   Sulfe, Apt. 8, etc.   Sulfe, Apt. 8, etc.   Applied For   Not Application   For Notice   Applied For   Not Application   For Notice   Applied For   Notice   Applied For   Notice   Applied For   Notice   Applied For   Notice   Applied For   Notice   Applied For   Notice   Applied For   Notice   Applied For   Notice   Address of Now Registered Apart   For Notice   Address of Now Registered Apart   For Notice   Address of Now Registered Apart   For Notice   Address of Now Registered Apart   For Notice   Address of Now Registered Apart   For Notice   Address of Now Registered Apart   For Notice   Address of Now Registered Apart   For Notice   Address of Now Registered Apart   For Notice   Address of Now Registered Apart   For Notice   For No	P.O. BOX 660175 P.O. BOX 660175								OCURE, LAKY OF STATE FALLAHASSEE, FLORIDA					
City & State  Country  C	Principal Place of Business     3. Mailing Address						•							
Succinity   Zip   Country   Zip   Country   Succinition   Status Desired	Suite, Apt. #, etc.				Suite, Apt. #, etc.				07122006 C	hg-NP	CR2E03	7 (4/06)		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Nome  Suco, FERNANDO J  211 DEER RIN  MIAMI SPRINGS, FL 33166  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or poin, in the State of Fields. I am itemiliar with, and accept the obligations of registered agent.  ORTE: Registered Agent styreaus registered agent, or poin, in the State of Fields. I am itemiliar with, and accept the obligations of registered agent.  ORTE: Registered Agent styreaus registered agent, or poin, in the State of Fields. I am itemiliar with, and accept the obligations of registered agent.  ORTE: Registered Agent styreaus registered agent, or poin, in the State of Fields. I am itemiliar with, and accept the obligations of registered agent.  ORTE: Registered Agent styreaus registered agent. Or poin, in the State of Fields. I am itemiliar with, and accept the obligations of registered agent.  ORTE: Registered Agent styreaus registered agent. Or poin, in the State of Fields. I am itemiliar with, and accept the obligations of registered agent.  ORTE: Registered Agent styreaus registered agent.  ORTE: Registered Agent styreaus registered agent. Or poin, in the State of Fields. In a manifest with and accept the obligations of registered agent.  ORTE: Registered Agent styreaus registered agent. Or poin, in the State of Fields. In a manifest with a cacept agent styreaus registered agent.  ORTE: Registered Agent styreaus registered agent.  ORTE: Registered Agent styreaus registered agent.  ORTE: Registere	City & State				City & State					22			-	
SUCC). FERNANDO J 211 DEER RUN MIAMI SPRINGS, FL 33166  City  City  FL  Zip Code  8. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State effect of a gent, and accept the displacions of registered agent. To both, in the State effect of a gent, and accept the displacions of registered agent. To both, in the State effect of a gent, and accept the displacions of registered agent. To both, in the State effect of a gent, and accept the displacions of registered agent. To both, in the State effect of a gent, and accept the displacion of registered agent. To both, in the State effect of a gent, and accept the displacion of registered agent, or both, in the State effect of a gent, and accept the displacion.  DATE  Amended AR is \$61.25  Amended AR is \$61.25  DATE  Amended AR is \$61.25  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILL  DAH MANN, SANDRA  SIRES ADDRESS TO OFFICERS AND DIRECTORS IN 10  TILL  VD  DAH MANN SPRINGS, FL 33166  TILL  VD  DAH MANN SPRINGS, FL 33166  TILL  NAME  SIRES ADDRESS  OGT ST-PP  MANN SPRINGS, FL 33166  TILL  SD  MANN SPRINGS, FL 33166  TILL  MANN SPR	Zip	Country			Zip Co.			5. Certificate of Status Desired				\$8.75 Additional		
SITE ADDITIONS FREE AND SET RUN  MIAMI SPRINGS, FL 33166  Site and difference of the purpose of changing its registered office or registered agent, or both in the State of Florida. I am formation with, and accept the obligations of registered agent.  17/21/195—01002—1009 #661.25  SIGNATURE  Amended AR is \$61.25  9. Election Company Financing Trust Fund Contribution.  19. OFFICERS AND DIRECTORS  19. Delete Title  DAHLMANN, SANDRA  1031 FALCON AVE.  1011 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE SITERT ADDRESS AND THE ACTION AVE.  1011 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE SITERT ADDRESS AND THE ACTION AVE.  1012 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ACTION AVE.  1013 FALCON AVE.  1014 AND AND AVENUE  1014 AND AVENUE  1015 AND AVENUE  1016 Delete  1017 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ACTION AVE.  1017 ST. 2P  1018 AND AVENUE  1019 Delete  10		6. Name	d Agent	Name	· · · · · · · · · · · · · · · · · · ·									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. In affiliate with, and accept the obligations of registered agent.    17.721/05010020.03	· ·							Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registered agent.    Control   Con	MIAMI SPRINGS, FL 33166													
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SIGNATURE    Signature   December	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													
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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 each; 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 I am an officer or director	STREET ADDRESS 259 NAHKODA DR.						ET ADDRESS						,	
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