

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24055

FILED
Apr 24, 2009
Secretary of State

Entity Name: MIAMI SPRINGS HISTORICAL SOCIETY INC.

Current Principal Place of Business:

P.O. BOX 660175
MIAMI SPRINGS, FL 331660175

New Principal Place of Business:

26 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

Current Mailing Address:

P.O. BOX 660175
MIAMI SPRINGS, FL 331660175

New Mailing Address:

FEI Number: 59-2810322 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SUCO, FERNANDO J
211 DEER RUN
MIAMI SPRINGS, FL 33166 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: VD () Delete
Name: CAVAHARIS, MARY
Address: 709 CURTISS PARKWAY #24
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: SD () Delete
Name: PITTMAN, HESTERINE
Address: 5222 NW 30TH AVE
City-St-Zip: MIAMI, FL 33142

Title: PD () Delete
Name: DAHLMANN, SANDRA
Address: 1031 FALCON AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: GOODLETT-TAYLOR, MARYANN
Address: 89 LUDLAM DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: SHONBERGER, YVONNE
Address: 85 DEER RUN
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: TD () Delete
Name: BOESEN, DORIS
Address: 144 SOUTH DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DORIS BOESEN

TD

04/24/2009

Electronic Signature of Signing Officer or Director

Date