2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N26321

1. Entity Name
HIGH SPRINGS HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
HIGH SPRINGS PUBLIC LIBRARY 135 NW 1ST AVE HIGH SPRINGS, FL 32643 US	P. O. BOX 1711 HIGH SPRINGS, FL 32643-1711 US

01142004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORR, JAYNE
2610 NW 19TH AVE
HIGH SPRINGS, FL 32643

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORR, JAYNE
STREET ADDRESS	2610 NW 19TH AVE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	VPD
NAME	TURNER, LINDA
STREET ADDRESS	20 SW 1ST ST
CITY-ST-ZIP	HIGH SPRINGS, FL
TITLE	TD
NAME	FREDERICK, CAROLYN
STREET ADDRESS	18821 NW 202ND ST
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-01/20/04-80047-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Carolyn L. Frederick

SIGNATURE: Carolyn L. Frederick 1-15-04 (386) 454-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #