## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # N26321 04-13-2005 90060 008 \*\*\*\*61.25 HIGH SPRINGS HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address HIGH SPRINGS PUBLIC LIBRARY P. O. BOX 1711 135 NW 1ST AVE HIGH SPRINGS, FL 32643-1711 US HIGH SPRINGS, FL 32643 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number NOT APPLICABLE Applied For City & State Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Janice Leavitt ORR. JAYNE Street Address (P.O. Box Number is Not Acceptable) 2610 NW 19TH AVE HIGH SPRINGS, FL 32643 509 Diamondback Glen Hayah Springs Zip Code 3 2 6 4 3 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. 4-11-05 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete PD Change Addition TITLE TITLE ORR. JAYNE NAME NAME Janice Leavitt 2610 NW 19TH AVE STREET ADDRESS STREET ADDRESS 609 Diamondback Glen High Springs, FL 32643 CITY-ST-ZIP HIGH SPRINGS, FL 32643 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE TURNER, ĽÍŇDA NAME NAME 20 SW 1ST.ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL CITY-ST-Z3P ☐ Delete ☐ Addition ☐ Change FREDERICK, CAROLYN NAME NAME STREET ADDRESS 18821 NW 202ND ST STREET ADDRESS HIGH SPRINGS, FL 32643 CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.

SIGNATURE: Garalge L. Trederick Carolyn L. Frederick 4/11/2005 (386) 454-1810

**FILED** 

Apr 13, 2005 8:00 am