

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 035 ****61.25

DOCUMENT # N26321

1. Entity Name
HIGH SPRINGS HISTORICAL SOCIETY, INC.



Principal Place of Business
HIGH SPRINGS PUBLIC LIBRARY
135 NW 1ST AVE
HIGH SPRINGS, FL 32643 US

Mailing Address
P. O. BOX 1711
HIGH SPRINGS, FL 32643-1711 US

DO NOT WRITE IN THIS SPACE



03122007 No Chg-NP

CR2E037 (4/06)

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

LEAVITT, JANICE
609 DIAMONDBACK GLEN
HIGH SPRINGS, FL 32643

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LEAVITT, JANICE
609 DIAMONDBACK GLEN
HIGH SPRINGS, FL 32643

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
TURNER, LINDA
20 SW 1ST ST
HIGH SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
FREDERICK, CAROLYN
18821 NW 202ND ST
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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carolyn L. Frederick* Carolyn L. Frederick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2007 (386) 454-1810
Date Daytime Phone #