

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26321

FILED
Apr 15, 2009
Secretary of State

Entity Name: HIGH SPRINGS HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

HIGH SPRINGS PUBLIC LIBRARY
135 NW 1ST AVE
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1711
HIGH SPRINGS, FL 326431711 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVITT, JANICE
609 DIAMONDBACK GLEN
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

LEAVITT, JANICE
609 DIAMONDBACK GLEN
HIGH SPRINGS, FL 32655 US

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: JANICE L. LEAVITT

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEAVITT, JANICE
Address: 609 DIAMONDBACK GLEN
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VPD () Delete
Name: TURNER, LINDA
Address: 20 SW 1ST ST
City-St-Zip: HIGH SPRINGS, FL

Title: TD () Delete
Name: FREDERICK, CAROLYN
Address: 18821 NW 202ND ST
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEAVITT, JANICE
Address: 609 DIAMONDBACK GLEN
City-St-Zip: HIGH SPRINGS, FL 32655

Title: VPD (X) Change () Addition
Name: TURNER, LINDA
Address: 20 SW 1ST ST
City-St-Zip: HIGH SPRINGS, FL 32643

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: JANICE L. LEAVITT

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date