

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N27791**

1. Entity Name  
**THE ALGER-SULLIVAN HISTORICAL SOCIETY, INC.**



Principal Place of Business  
**7510 JEFFERSON AVENUE  
CENTURY, FL 32535 US**

Mailing Address  
**P.O. BOX 1002  
CENTURY, FL 32535 US**



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2903049**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FISCHER, JERRY  
7720 ARCHIE ST  
CENTURY, FL 32535**

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000182053  
01/19/05-80012-016 61.25

**10. OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | FISCHER, JERRY      |
| STREET ADDRESS | PO BOX 425          |
| CITY-ST-ZIP    | CENTURY, FL 32535   |
| TITLE          | T                   |
| NAME           | CARTER, WILLIE      |
| STREET ADDRESS | 7601 JEFFERSON AVE. |
| CITY-ST-ZIP    | CENTURY, FL         |
| TITLE          | S                   |
| NAME           | SIMMONS, JERRY      |
| STREET ADDRESS | 3581 HWY 4-A        |
| CITY-ST-ZIP    | CENTURY, FL 32535   |
| TITLE          | T                   |
| NAME           | COLLIER, MARGARET   |
| STREET ADDRESS | 7610 JEFFERSON AVE  |
| CITY-ST-ZIP    | CENTURY, FL 32535   |
| TITLE          | T                   |
| NAME           | COLLIER, NEAL       |
| STREET ADDRESS | 7491 JEFFERSON AVE. |
| CITY-ST-ZIP    | CENTURY, FL         |
| TITLE          | T                   |
| NAME           | BROOKS, ANN C       |
| STREET ADDRESS | 9302 N CENTURY BLVD |
| CITY-ST-ZIP    | CENTURY, FL 32535   |

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 (850) 252-2999  
Date Daytime Phone #