

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 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**



01192006 No Chg-NP CR2E037 (11/05)

**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, 2006**

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	P FISCHER, JERRY PO BOX 425 CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, WILLIE 7601 JEFFERSON AVE. CENTURY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, JERRY 3581 HWY 4-A CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLIER, MARGARET 7810 JEFFERSON AVE CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLIER, NEAL 7491 JEFFERSON AVE. CENTURY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, ANN C 9302 N CENTURY BLVD CENTURY, FL 32535

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01/30/06-80012-013 61.25

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/06**  
Date

**(850) 256-2999**  
Daytime Phone #