

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90096 044 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2903049	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent FISCHER, JERRY 7720 ARCHIE ST CENTURY, FL 32535		7. Name and Address of New Registered Agent Name Jerry Fischer Street Address (P.O. Box Number is Not Acceptable) 931 Bluff Springs Road City Century FL Zip Code 32535			
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/24/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, JERRY PO BOX 425 CENTURY, FL 32535	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fischer, Jerry 931 Bluff Springs Road Century, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, WILLIE 7601 JEFFERSON AVE. CENTURY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Carter, Willie PO Box 96 Century, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, JERRY 3581 HWY 4-A CENTURY, FL 32535	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Simmons, Diane PO Box 369 Century, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLIER, MARGARET 7610 JEFFERSON AVE CENTURY, FL 32535	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Collier, Margaret PO Box 476 Century, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLIER, NEAL 7491 JEFFERSON AVE. CENTURY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Collier, Neal 3251 S Pine Barren Rd McDavid, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, ANN C 9302 N CENTURY BLVD CENTURY, FL 32535	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Brooks, Ann S. 9302 N Century Blvd. Century, FL 32535
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1/13/07 (850) 256-2999 <small>Daytime Phone #</small>	