

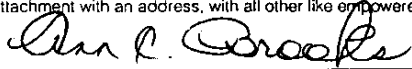


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90017 049 ****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		03302008 Chg-NP CR2E037 (12/06)		
Zip		Country		4. FEI Number 59-2903049		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent FISCHER, JERRY 931 BLUFF SPRINGS RD CENTURY, FL 32535			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008			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 931 BLUFF SPRINGS RD CENTURY, FL 32535	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, WILLIE PO BOX 96 CENTURY, FL 32535	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, JERRY PO BOX 367 CENTURY, FL 32535	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLIER, MARGARET PO BOX 476 CENTURY, FL 32535	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLIER, NEAL 3251 SOUTH PINE BARREN RD MC DAVID, FL 32568	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, ANN C 9302 NORTH CENTURY BLVD CENTURY, FL 32535	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patsy Green 151 Bluff Springs Road 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: 						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: 3/31/08						