2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27791

FILED Apr 27, 2009 Secretary of State

Entity Name: THE ALGER-SULLLIVAN HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 7510 JEFFERSON AVENUE CENTURY, FL 32535 **Current Mailing Address: New Mailing Address:** P.O. BOX 1002 CENTURY, FL 32535 US FEI Number: 59-2903049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISCHER, JERRY 931 BLUFF SPRINGS RD CENTURY, FL 32535 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FISCHER, JERRY Name: Name: 931 BLUFF SPRINGS RD Address: Address: City-St-Zip: CENTURY, FL 32535 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CARTER, WILLIE Name: Address: PO BOX 96 Address: City-St-Zip: CENTURY, FL 32535 City-St-Zip: Title: () Delete Title: () Change () Addition GREEN, PATSY Name: Name: 151 BLUFF SPRINGS ROAD Address: Address: City-St-Zip: CENTURY, FL 32535 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COLLIER, MARGARET Name: POBOX 476 Address: Address: City-St-Zip: CENTURY, FL 32535 City-St-Zip: Title: () Delete Title: () Change () Addition COLLIER, NEAL Name: Name: 3251 SOUTH PINE BARREN RD Address: Address: City-St-Zip: MC DAVID, FL 32568 City-St-Zip: Title: () Delete Title: (X) Change () Addition BROOKS, ANN C BROOKS, ANN C Name: Name: Address: 9302 NORTH CENTURY BLVD Address: 9302 NORTH CENTURY BLVD CENTURY, FL 32535 CENTURY, FL 32535 City-St-Zip: 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: ANN C BROOKS TREA 04/27/2009