# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 11, 2006 8:00 am**
**Secretary of State**
07-11-2006 90023 013 ****70.00

DOCUMENT # N29395

1. Entity Name
ST. LUCIE HISTORICAL SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 414 SEAWAY DRIVE<br>FORT PIERCE, FL 34949 | PO BOX 578<br>FT PIERCE, FL 34954-0578 US |

07062006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1034 SW London Lane | P.O. Box 578 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Port St. Lucie, Fl. | City & State: Fort Pierce, Fl. |
| Zip: 34953 Country: USA | Zip: 34954-0578 Country: USA |

4. FEI Number 59-1723166 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HAMILL, ALLARDYCE A.<br>1702 ARIZONA AVE<br>FORT PIERCE, FL 34982-5730 | Name: Naom. Bernstein<br>Street Address (P.O. Box Number is Not Acceptable): 1034 SW London Lane<br>City: Port St. Lucie FL Zip Code: 34953 |

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: Naom Bernstein 7/5/06
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 September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CROGHAN, CHARLES<br>2025 JACARANDA DRIVE<br>FORT PIERCE, FL 34949 | ☐ Delete | PC<br>Brad Culverhouse<br>505 Beach Street<br>Ft. Pierce, Fl. 34950 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MONCHEN, MAGGIE<br>2579 SOUTH US 1<br>FORT PIERCE, FL 34982 | ☑ Delete | VD<br>Wendell Cook<br>1761 SW Tivan Lane<br>Port St. Lucie, Fl. 34984 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ALLARDYCE HAMILL<br>1702 ARIZONA AVE<br>FORT PIERCE, FL | ☑ Delete | TD<br>Naom. Bernstein<br>1034 SW London Lane<br>Port St. Lucie, Fl. 34953 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MONAHAN, ROSALIND<br>1609 EDGEVALE ROAD<br>FORT PIERCE, FL 34982 | ☑ Delete | SD<br>Cynthia P. Crankshaw<br>80 SE St. Lucie Blvd.<br>Stuart, Fl. 34996 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>HOLTSBERG, HAROLD<br>805 SO. INDIAN RIVER DRIVE<br>FORT PIERCE, FL 34950 | ☐ Delete | SD<br>Nancy Bennett<br>4805 Eagle Drive<br>Ft. Pierce, Fl. 34951 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Naom Bernstein 7/5/06 772-340-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #