

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29395

FILED
Apr 13, 2008
Secretary of State

Entity Name: ST. LUCIE HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

414 SEAWAY DRIVE
FORT PIERCE, FL 34949 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 578
FORT PIERCE, FL 349540578 US

New Mailing Address:

FEI Number: 59-1723166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANKSHAW, CYNTHIA
80 S.E. ST. LUCIE BLVD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: CULVERHOUSE, BRAD
Address: 505 BEACH COURT
City-St-Zip: FORT PIERCE, FL 34950 US

Title: D () Delete
Name: HOLTSBERG, HAROLD
Address: 805 S INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950 US

Title: D () Delete
Name: BENNETT, NANCY
Address: 4805 EAGLE DRIVE
City-St-Zip: FORT PIERCE, FL 34951 US

Title: D () Delete
Name: FAVORITE, JACK
Address: 5401 SEA GRAPE DRIVE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: D () Delete
Name: MINIX, MARILYN
Address: 5500 ST. LUCIE BLVD.
City-St-Zip: FORT PIERCE, FL 34946 US

Title: SD () Delete
Name: CRANKSHAW, CYNTHIA P
Address: 80 SE SAINT LUCIE BLVD
City-St-Zip: STUART, FL 34996 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: CRANKSHAW, CYNTHIA P
Address: 80 SE SAINT LUCIE BLVD
City-St-Zip: STUART, FL 34996 US

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: CYNTHIA P. CRANKSHAW

TREA

04/13/2008

Electronic Signature of Signing Officer or Director

Date