2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29395

FILED Feb 21, 2009 Secretary of State

Entity Name: ST. LUCIE HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 414 SEAWAY DRIVE 80 S.E. ST. LUCIE BLVD. FORT PIERCE, FL 34949 LIS STUART, FL 34946 **Current Mailing Address: New Mailing Address:** PO BOX 578 FORT PIERCE, FL 349540578 US FEI Number: 59-1723166 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: CRANKSHAW, CYNTHIA 80 S.E. ST. LUCIE BLVD. STUART, FL 34996 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: **PRES** () Delete () Change () Addition CULVERHOUSE, BRAD Name: Name: 505 BEACH COURT Address: Address: City-St-Zip: FORT PIERCE, FL 34950 US City-St-Zip: Title: () Delete Title: (X) Change () Addition HOLTSBERG, HAROLD Name: CULVERHOUSE, JOHN Name: Address: 805 S INDIAN RIVER DRIVE Address: 505 BEACH COURT City-St-Zip: FORT PIERCE, FL 34950 US City-St-Zip: FORT PIERCE, FL 34950 US Title: () Delete Title: () Change () Addition BENNETT, NANCY Name: Name: 4805 EAGLE DRIVE Address: Address: City-St-Zip: FORT PIERCE, FL 34951 US City-St-Zip: Title: () Delete Title: () Change () Addition FAVORITE, JACK Name: Name: 5401 SEA GRAPE DRIVE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 US City-St-Zip: Title: () Delete Title: () Change () Addition MINIX, MARILYN Name: Name: 5500 ST. LUCIE BLVD. Address: Address: City-St-Zip: FORT PIERCE, FL 34946 US City-St-Zip: Title: () Delete Title: () Change () Addition CRANKSHAW, CYNTHIA P Name: Name: Address: 80 SE SAINT LUCIE BLVD Address: STUART, FL 34996 US 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: CYNTHIA P. CRANKSHAW TR 02/21/2009