


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90175 040 ****61.25

DOCUMENT # N34509	
1. Entity Name HISTORICAL SOCIETY OF FORT MEADE, FLORIDA, INC.	

Principal Place of Business 1 TECUMSEH AVENUE FORT MEADE, FL 33841	Mailing Address P.O. BOX 1021 FORT MEADE, FL 33841
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40095160



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2997776

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WRIGHT, LETA 110 N.E. 3RD STREET FT. MEADE, FL 33841	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
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. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	WRIGHT, LETA
STREET ADDRESS	110 N.E. 3RD STREET
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	DVP <input checked="" type="checkbox"/> Delete
NAME	LANGSTON, PEGGY
STREET ADDRESS	2555 GABRIEL ROAD
CITY-ST-ZIP	FT. MEADE, FL 33841
TITLE	TD <input type="checkbox"/> Delete
NAME	PURVIS, AMY L
STREET ADDRESS	8 N CHARLESTON AVE
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	HANCOCK, JANET
STREET ADDRESS	504 WATER OAK CT
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Leta
STREET ADDRESS	110 N.E. 3rd St.
CITY-ST-ZIP	Fort Meade, FL 33841
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karolyn Nunnallee
STREET ADDRESS	P.O. Box 1 Tecumseh Ave.
CITY-ST-ZIP	Fort Meade, FL 33841
TITLE	Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Kitchings
STREET ADDRESS	512 Water Oak St.
CITY-ST-ZIP	Fort Meade, FL 33841
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Leta M. Wright **4/30/2008** **(863) 285-9182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #