2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N34509

Entity Name: HISTORICAL SOCIETY OF FORT MEADE, FLORIDA, INC.

Current Principal Place of Business:

1 TECUMSEH AVENUE
FORT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1021
FORT MEADE, FL 33841

New Mailing Address:

FEI Number: 59-2997776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, LETA
110 N.E. 3RD STREET
FT. MEADE,, FL 33841 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:	PD	( ) Delete
Name:	WRIGHT, LETA	
Address:	110 N.E. 3RD STREET	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	TD	( ) Delete
Name:	PURVIS, AMY L	
Address:	8 N CHARLESTON AVE	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	S	( ) Delete
Name:	NUNNALLEE, KAROLYN	
Address:	TECUMSEH AVE.	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	VPD	( ) Delete
Name:	KITCHINGS, NANCY	
Address:	512 WATER OAK CT.	
City-St-Zip:	FORT MEADE, FL 33841	

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:	

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: LETA WRIGHT PD 03/25/2009

Electronic Signature of Signing Officer or Director — Date