

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90071 049 \*\*\*\*61.25

<b>DOCUMENT # N43385</b>	
1. Entity Name	
THE GREATER DUNNELLON HISTORICAL SOCIETY, INCORPORATED	



Principal Place of Business	Mailing Address
12061 S. WILLIAMS ST. DUNNELLON FL 34432	P.O. BOX 1836 DUNNELLON FL 34431

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-2993634		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHRIST, HOWARD 11249 N BLACKFORT PT DUNNELLON FL 34431		Name: DORIS J. MAGURSKY Street Address (P.O. Box Number is Not Acceptable): 5517 S.W. 202 CT City: Dunnellon FL Zip Code: 34431	

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: *Howard Christ* DATE: 26-February-2005  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: MAGURSKY, DORIS STREET ADDRESS: 5517 SW 202 CT CITY-ST-ZIP: DUNNELLON FL 34431	<input type="checkbox"/> Delete	TITLE: Pres. NAME: DORIS J. MAGURSKY STREET ADDRESS: 5517 S.W. 202 CT CITY-ST-ZIP: Dunnellon, FL. 34431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CHRIST, ANN STREET ADDRESS: 11249 N BLACKFORT PT CITY-ST-ZIP: DUNNELLON FL 34434	<input type="checkbox"/> Delete	TITLE: V.P. NAME: ANN Christ STREET ADDRESS: 11249 N. Blackfoot Pt. CITY-ST-ZIP: Dunnellon, FL. 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: PENFIELD, SHIRLEY STREET ADDRESS: 21271 W HWY 40 LOT 86 CITY-ST-ZIP: DUNNELLON FL 34431	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Howard Christ III STREET ADDRESS: 11249 n. Black foot Pt. CITY-ST-ZIP: Dunnellon, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: HOWARD, CHRIST III STREET ADDRESS: 11249 N BLACKFOOT PT CITY-ST-ZIP: DUNNELLON FL 34434	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: CHRIST, HOWARD STREET ADDRESS: 11249 BLACKFOOT POINT CITY-ST-ZIP: DUNNELLON FL 34434	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Doris J. Magursky* DATE: 2-10-05 DAYTIME PHONE: 1-352-445-4467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR