2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N43385

Entity Name: THE GREATER DUNNELLON HISTORICAL SOCIETY, INCORPORATED

Current Principal Place of Business:

12061 S. WILLIAMS ST.
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1836
DUNNELLON, FL 34430 US

New Mailing Address:

FEI Number: 59-2993634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARKEY, JON P
113 OSAGE ROAD
DUNNELLON, FL 34432 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: P ( ) Delete
Name: SHARKEY, JON MR
Address: 113 OSAGE ROAD
City-St-Zip: DUNNELLON, FL 34432

Title: V ( ) Delete
Name: FLEEGER, PENELOPE MS.
Address: 11735 E. BLUE COVE DRIVE
City-St-Zip: DUNNELLON, FL 34432

Title: S ( ) Delete
Name: SHARKEY, AMY MS.
Address: 113 OSAGE ROAD
City-St-Zip: DUNNELLON, FL 34432

Title: TD ( ) Delete
Name: BRAUCKMULLER, LOIS MS.
Address: 19670 SW FLAMINGO DRIVE
City-St-Zip: DUNNELLON, FL 34431

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: JON SHARKEY PRES 03/22/2009

Electronic Signature of Signing Officer or Director — Date