

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43979

FILED
May 02, 2007
Secretary of State

Entity Name: FT. CHRISTMAS HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

1300 FT. CHRISTMAS RD.
CHRISTMAS, FL 32709 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1016
CHRISTMAS, FL 32709 US

New Mailing Address:

FEI Number: 59-3137496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLARK, SAM SR.
1033 FORT CHRISTMAS ROAD
CHRISTMAS, FL 32709 US

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: CLARK, SAM SR.
Address: 1033 FT. CHRISTMAS RD.
City-St-Zip: CHRISTMAS, FL 32709

Title: D () Delete
Name: WASSERMAN, JOSEPH
Address: 22143 N FT CHRISTMAS RD
City-St-Zip: CHRISTMAS, FL 32709

Title: S () Delete
Name: VICKI PREWETT,
Address: 18425 22ND AVE
City-St-Zip: ORLANDO, FL 32833

Title: T () Delete
Name: CLARK, MARY P
Address: 1033 N. FT. CHRISTMAS RD.
City-St-Zip: CHRISTMAS, FL 32709

Title: D () Delete
Name: BROOKS, HERMON
Address: 5015 TAYLOR CREEK RD.
City-St-Zip: CHRISTMAS, FL 32709

Title: V () Delete
Name: LLEWELLYN, FLORENCE
Address: P.O. BOX 141
City-St-Zip: CHRISTMAS, FL 32709

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:

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: MARY P CLARK

T

05/02/2007

Electronic Signature of Signing Officer or Director

Date