2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N43979

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)**

Name and Address of Current Registered Agent:

CLARK, SAM SR.
1033 FORT CHRISTMAS ROAD
CHRISTMAS, FL 32709 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:	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:	D	(X) Change ( ) Addition
Name:	BROOKS, ANNETTE	
Address:	5015 TAYLOR CREEK RD.	
City-St-Zip:	CHRISTMAS, FL 32709	
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: ANNETTE BROOKS D 04/07/2008

Electronic Signature of Signing Officer or Director — Date