

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90047 011 ****61.25

DOCUMENT # N44339 1. Entity Name KISSIMMEE VALLEY ARCHAEOLOGICAL AND HISTORICAL CONSERVANCY, INC.					
Principal Place of Business 195 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852 US			Mailing Address 195 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3079316	
Zip		Country		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	
FITCH, JIM 13300 US 98 SEBRING, FL 33870				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYNOLDS, ANNE		NAME		
STREET ADDRESS	80 BEAR POINT		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILDE, CHARLES		NAME		
STREET ADDRESS	195 HUNTLEY OAKS		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILDE, JANE		NAME		
STREET ADDRESS	195 HUNTLEY OAKS BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHELPS, ROD		NAME	Alayne Busch	
STREET ADDRESS	274 AUGUSTA WAY		STREET ADDRESS	175 Sunset Terrace	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, CAROLINE		NAME		
STREET ADDRESS	1707 DIVOT LANE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANHOLM, DIANE		NAME		
STREET ADDRESS	2531 DAVIS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
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: <i>Charles R. Wilde</i>			4/9/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		