


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N44339</b>		
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	



03242007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3079316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  FITCH, JIM 13300 US 98 SEBRING, FL 33870	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, ANNE 80 BEAR POINT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILDE, JANE 195 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUSCH, ALAYNE 175 SUSET TERR LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, GORDON 220 O'LEANDER DR AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000682934  
04/05/07-80023-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Alayne Busch* *Alayne Busch* *VP* *3-21-07* *863-6991042*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #