

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90049 032 ****70.00

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
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2. Principal Place of Business - No P.O. Box # 175 Sunset Terrace Suite, Apt. #, etc.	3. Mailing Address 175 Sunset Terrace Suite, Apt. #, etc.
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City & State Lake Placid FL	City & State Lake Placid FL
Zip 33852	Country US

40041143



03032008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent FITCH, JIM 13300 US 98 SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 59-3079316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, ANNE 80 BEAR POINT LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILDE, JANE 195 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Reynolds, Anne 80 Bear Point Lake Placid FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUSCH, ALAYNE 175 SUSET TERR LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, GORDON 220 O'LEANDER DR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wayne Busch Alayne Bosch VT 3-6-08 813 6991042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #