2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N44339

Entity Name: KISSIMMEE VALLEY ARCHAEOLOGICAL AND HISTORICAL CONSERVANCY, INC.

Current Principal Place of Business:

175 SUNSET TERRACE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

175 SUNSET TERRACE
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-3079316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITCH, JIM
13300 US 98
SEBRING, FL 33870 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: D ( ) Delete
Name: REYNOLDS, ANNE
Address: 80 BEAR POINT
City-St-Zip: LAKE PLACID, FL 33852

Title: S ( ) Delete
Name: REYNOLDS, ANNE
Address: 80 BEAR POINT
City-St-Zip: LAKE PLACID, FL 33852

Title: VT ( ) Delete
Name: BUSCH, ALAYNE
Address: 175 SUSET TERR
City-St-Zip: LAKE PLACID, FL 33852

Title: P ( ) Delete
Name: DAVIS, GORDON
Address: 220 O'LEANDER DR
City-St-Zip: AVON PARK, FL 33825

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:

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: ALAYNE BUSCH VT 04/05/2009

Electronic Signature of Signing Officer or Director Date