

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N50462

1. Entity Name

MYAKKA CITY HISTORICAL SOCIETY, INC.



Principal Place of Business

P.O. BOX 500
MYAKKA CITY FL 34251-0500

Mailing Address

P.O. BOX 500
MYAKKA CITY FL 34251-0500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0391654

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUREWICZ, CLARE
RTE. 1 BOX 681
WAUCHULA RD., 9330
MYAKKA CITY FL 34251

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 VP ☐ Delete
NAME MILLER, DAVID MR
STREET ADDRESS 34350 ST. ROAD 70
CITY - ST - ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000531574
CITY - ST - ZIP 05/06/06-80048-017 70.00

TITLE P ☐ Delete
NAME COKER, MARILYN MRS
STREET ADDRESS SEMINOLE AVE -10310
CITY - ST - ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE S ☐ Delete
NAME JONES, MARIE
STREET ADDRESS 5815 JUEL GILL RD
CITY - ST - ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME BEASLEY, BERNICE K MRS
STREET ADDRESS 14955 SUGAR BOWL RD
CITY - ST - ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME BEASLEY, RALPH L.
STREET ADDRESS 14955 SUGAR BOWL RD.
CITY - ST - ZIP MYAKKA CITY FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME MOYE, ALICE
STREET ADDRESS 37320 ROOSEVELT RD.
CITY - ST - ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bernice K. Beasley* (Bernice K. Beasley) 1/23/06 941-322-1756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #