

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50462

FILED
Apr 29, 2009
Secretary of State

Entity Name: MYAKKA CITY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 500
MYAKKA CITY, FL 342510500

New Principal Place of Business:

14995 SUGAR BOWL RD
MYAKKA CITY, FL 342510500

Current Mailing Address:

P.O. BOX 500
MYAKKA CITY, FL 342510500

New Mailing Address:

FEI Number: 65-0391654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLTON, BONNIE
38007 SR 705
MYAKKA CITY, FL 34251 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: VP () Delete
Name: MILLER, DAVID MR
Address: 34350 ST. ROAD 70
City-St-Zip: MYAKKA CITY, FL 34251

Title: P () Delete
Name: COKER, MARILYN MRS
Address: SEMINOLE AVE -10310
City-St-Zip: MYAKKA CITY, FL 34251

Title: S () Delete
Name: JONES, MARIE
Address: 5815 JUEL GILL RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: T () Delete
Name: BEASLEY, BERNICE K MRS
Address: 14955 SUGAR BOWL RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: BEASLEY, RALPH L.
Address: 14955 SUGAR BOWL RD.
City-St-Zip: MYAKKA CITY, FL

Title: D () Delete
Name: MOYE, ALICE
Address: 37320 ROOSEVELT RD.
City-St-Zip: MYAKKA CITY, FL 34251

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:

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: BERNICE BEASLEY

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date