

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50462

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** MYAKKA CITY HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

10060 WAUCHULA ROAD  
MYAKKA CITY, FL 342510500 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 500  
MYAKKA CITY, FL 342510500

**New Mailing Address:**

P.O. BOX 500  
MYAKKA CITY, FL 342510500 US

**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  
**Name:** MILLER, DAVID MR  
**Address:** 34350 ST. ROAD 70  
**City-St-Zip:** MYAKKA CITY, FL 34251

**Title:** P  
**Name:** COKER, MARILYN R PRES.  
**Address:** SEMINOLE AVE -10310  
**City-St-Zip:** MYAKKA CITY, FL 34251 US

**Title:** S  
**Name:** JONES, MARIE SEC.  
**Address:** 39451 TAYLOR ROAD  
**City-St-Zip:** MYAKKA CITY, FL 34251 US

**Title:** T  
**Name:** BEASLEY, BERNICE K TRES  
**Address:** 14955 SUGAR BOWL RD  
**City-St-Zip:** MYAKKA CITY, FL 34251

**Title:** D  
**Name:** BEASLEY, RALPH L DIREC.  
**Address:** 14955 SUGAR BOWL RD.  
**City-St-Zip:** MYAKKA CITY, FL 34251 US

**Title:** D  
**Name:** CANNON, MARCIA DIREC.  
**Address:** 26702 GILL ROAD.  
**City-St-Zip:** MYAKKA CITY, FL 34251 US

I hereby 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 all other like empowered.

**SIGNATURE:** BERNICE K. BEASLEY

TRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date