

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90030 002 ****70.00

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1. Entity Name

WAKULLA COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business

292 WAKULLA-ARRAN RD
CRAWFORDVILLE FL 32326
US

Mailing Address

POST OFFICE BOX 151
CRAWFORDVILLE FL 32326-0151
US

2. Principal Place of Business

Wakulla Co. Historical Soc. Inc.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

24 High Dr.

City & State

Crawfordville, FL

Zip

32327

Country

Zip

32327

Country

4. FEI Number

59-3095501

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

GREEN, BETTY O
290 WAKULLA-ARRAN RD
PO BOX 969
CRAWFORDVILLE FL 32326

7. Name and Address of New Registered Agent

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

Betty O. Green, President

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

(NOTE: Registered Agent signature required when reinstating)

Mar. 3, 2004

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD
NAME GREEN, BETTY O ☐ Delete
STREET ADDRESS 290 WAKULLA-ARRAN RD
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D
NAME JONES, DOUGLAS M ☐ Delete
STREET ADDRESS 381 WHITE OAK DR
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE SD
NAME GREENE, BARBARA ☐ Delete
STREET ADDRESS 128 MAGNOLIA RIDGE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE TD
NAME BOWEN, ARLAN L. ☐ Delete
STREET ADDRESS 349 PERSIMMON RD
CITY-ST-ZIP SOPCHOPPY FL

TITLE JD
NAME JAMISON, CALVIN ☒ Delete
STREET ADDRESS 290 WHITE OAK DRIVE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VD
NAME RODDENBERRY, DAVID ☒ Delete
STREET ADDRESS 4125 SPRING CREEK HWY
CITY-ST-ZIP CRAWFORDVILLE FL 32327

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Brimmer, Ed
STREET ADDRESS P.O. Box 787 196 Ochlockonee St.
CITY-ST-ZIP Crawfordville, FL 32326

TITLE D Thompson, Ron ☐ Change ☒ Addition
NAME
STREET ADDRESS 84 Hickory Hill Rd.
CITY-ST-ZIP Crawfordville, FL 32327

TITLE D Lynn, Tanya ☐ Change ☒ Addition
NAME
STREET ADDRESS 165 Deepwood Dr.
CITY-ST-ZIP Crawfordville, FL 32327

TITLE D Posey, Bobby ☐ Change ☒ Addition
NAME
STREET ADDRESS 111 Oak St.
CITY-ST-ZIP Crawfordville, FL 32327

TITLE D Jamison, Calvin ☒ Change ☐ Addition
NAME
STREET ADDRESS 290 White Oak Dr.
CITY-ST-ZIP Crawfordville, FL 32327

TITLE VD Roddenberry, David ☒ Change ☐ Addition
NAME
STREET ADDRESS 4125 Spring Creek Hwy.
CITY-ST-ZIP Crawfordville, FL 32327

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Betty O. Green Betty O. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/04

Date

850-926-7405

Daytime Phone #