


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90009 024 ****61.25

DOCUMENT # N92000000873 1. Entity Name WAKULLA COUNTY HISTORICAL SOCIETY, INC.					
Principal Place of Business 25 HIGH DR CRAWFORDVILLE FL 32327 US		Mailing Address POST OFFICE BOX 151 CRAWFORDVILLE FL 32326-0151 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY ST ZIP	PD GREEN, BETTY O 290 WAKULLA-ARRAN RD CRAWFORDVILLE FL 32326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	VP Carolyn W. Harvey 102 Lonnie Raker Ln. Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY ST ZIP	D JONES, DOUGLAS M 381 WHITE OAK DR CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	D Tanya Lynn 165 Deepwood Dr. Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY ST ZIP	SD JONES, JANE F 381 WHITE OAK DR CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD BOWEN, ARLAN L. 349 PERSIMMON RD SOPCHOPPY FL 32358	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D JAMISON, CALVIN 290 WHIT OAK DRIVE CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD CARR, MADELINE 233 IROQUOIS RD CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3095501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: Betty O. Green Betty O. Green 2-20-07 926-7405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #