

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000873

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** WAKULLA COUNTY HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

25 HIGH DR  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

24 HIGH DR  
CRAWFORDVILLE, FL 32327 US

**Current Mailing Address:**

POST OFFICE BOX 151  
CRAWFORDVILLE, FL 323260151 US

**New Mailing Address:**

FEI Number: 59-3095501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, BARBARA  
755 BOB MILLER RD.  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

GERRELL, THERESA H  
4351 NATURAL BRIDGE RD  
TALLAHASSEE, FL 32305 US

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: THERESA H GERRELL

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HINES, BARBARA  
Address: 755 BOB MILLER RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: JONES, DOUGLAS M  
Address: 381 WHITE OAK DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD ( ) Delete  
Name: GRAY, DOROTHY  
Address: 1608 CHINNAPAKIN NENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete  
Name: BOWEN, ARLAN L.  
Address: 349 PERSIMMON RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D ( ) Delete  
Name: JAMISON, CALVIN  
Address: 290 WHIT OAK DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Delete  
Name: FRANK, CATHY  
Address: 15 STANLEY DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JONES, DOUGLAS M  
Address: 354 WHITE OAK DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Change ( ) Addition  
Name: FRANK, CATHY  
Address: 15 STANLEY DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD (X) Change ( ) Addition  
Name: GERRELL, THERESA  
Address: 4351 NATURAL BRIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: D (X) Change ( ) Addition  
Name: JAMISON, CALVIN  
Address: 411 WHITE OAK DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: THERESA H GERRELL

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date