

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000873

FILED
Feb 15, 2011
Secretary of State

Entity Name: WAKULLA COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

24 HIGH DR
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

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:

GERRELL, THERESA H
4351 NATURAL BRIDGE RD
TALLAHASSEE, FL 32305 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: VD
Name: RICHARD, HARDEN
Address: PO BOX 98
City-St-Zip: SOPCHOPPY, FL 32358

Title: S
Name: VAUSE, ARLENE
Address: 89 ROSE ST
City-St-Zip: SOPCHOPPY, FL 32358

Title: PD
Name: FRANK, CATHY
Address: 15 STANLEY DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD
Name: GERRELL, THERESA H
Address: 4351 NATURAL BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: D
Name: JAMISON, CALVIN
Address: 411 WHITE OAK DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: THERESA H GERRELL

T

02/15/2011

Electronic Signature of Signing Officer or Director

Date