

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005177

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2330 CR-478A  
WEBSTER, FL 33597 US

**New Principal Place of Business:**

217 N MARKET STREET  
BUSHNELL, FL 33513 US

**Current Mailing Address:**

POST OFFICE BOX 1621  
WEBSTER, FL 33597

**New Mailing Address:**

217 N MARKET STREET  
BUSHNELL, FL 33513 US

**FEI Number:** 16-1673810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGUIRE, DONNA J TD  
2330 CR 478A  
WEBSTER, FL 33597 US

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

HARRISON, MARY G  
324 W DADE AVENUE  
BUSHNELL, FL 33513 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: MARY G HARRISON

01/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHAW, CAROLYN  
Address: P.O.BOX 2  
City-St-Zip: BUSHNELL, FL 33513 US

Title: VD  
Name: RAY, BILLY  
Address: 1244 CR 443  
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: SD  
Name: HOGANS, KAREN  
Address: P.O.BOX 2143  
City-St-Zip: BUSHNELL, FL 33513 US

Title: TD  
Name: HARRISON, MARY G  
Address: 324 W DADE AVENUE  
City-St-Zip: BUSHNELL, FL 33513 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: MARY G HARRISON

TD

01/19/2012

Electronic Signature of Signing Officer or Director

Date