

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004702 (6)

1. Corporation Name

THE HISTORICAL SOCIETY, INCORPORATED

Principal Place of Business

4092-38TH WAY SO  
ST. PETERSBURG FL 33711

Mailing Address

4092-38TH WAY SO  
ST. PETERSBURG FL 33711



3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

12/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Same As Above

26 Same As Above

4. FEI Number

59-3316649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORTER, LYNDA C  
4092-38TH WAY SO  
ST. PETERSBURG FL 33711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

5-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	AD	<input type="checkbox"/> DELETE
NAME	PARHAM, KAMILLE	
STREET ADDRESS	3909 YELLOW FINCH LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JACKSON, JANIS	
STREET ADDRESS	836-16TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	AROCHA, COLETTA	
STREET ADDRESS	2539-38TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCLLOUD, MICHON	
STREET ADDRESS	4057-38TH WAY SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	KING, DEBRA	
STREET ADDRESS	745-63RD AVE SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	LILY, CRYSTAL	
STREET ADDRESS	3771-38TH WAY #D	
CITY-ST-ZIP	ST. PETERSBURG FL 3374	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNDA SHORTER	
1.3 STREET ADDRESS	4092 38TH WAY SOUTH	
1.4 CITY-ST-ZIP	ST. PETERSBURG FLA - 33711	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)