

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 15 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001453

1. Entity Name
JONES HIGH SCHOOL HISTORICAL SOCIETY, INC.



Principal Place of Business
809 WOODEN BLVD
ORLANDO, FL 32805

Mailing Address
809 WOODEN BLVD
ORLANDO, FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09112006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3434538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, JAMES W
809 WOODEN BLVD
ORLANDO, FL 32805

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D ☒ Delete
NAME ARGRETT, LEROY
STREET ADDRESS 1874 GAMMON LANE
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D ☐ Change ☐ Addition
NAME Pinder, Altamese
STREET ADDRESS 290 Cottage Hill Road
CITY-ST-ZIP Orlando, FL 32805

TITLE D ☐ Delete
NAME REICHERTS, AUDREY H
STREET ADDRESS 1132 FOXFORREST
CITY-ST-ZIP APOPKA, FL 32719

TITLE D ☐ Change ☐ Addition
NAME Jennings, William
STREET ADDRESS 2212 Dunhurst Lane
CITY-ST-ZIP Orlando, FL 32835

TITLE D ☐ Delete
NAME LUMPKIN, SAMUEL
STREET ADDRESS 1408 43RD STREET
CITY-ST-ZIP ORLANDO, FL 32839

TITLE D ☐ Change ☐ Addition
NAME Hawkins, Walter
STREET ADDRESS 402 W. Harvard
CITY-ST-ZIP Orlando, FL 32804

TITLE D ☒ Delete
NAME TILLMAN, EARLINE
STREET ADDRESS 7168 IRONWOOD DRIVE
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ☐ Change ☐ Addition
NAME **900079939509**
STREET ADDRESS 09/19/06--01012--006
CITY-ST-ZIP **61.25

TITLE D ☐ Delete
NAME WILSON, JAMES W
STREET ADDRESS 809 WOODEN BLVD.
CITY-ST-ZIP ORLANDO, FL 32805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURNS, LEONA
STREET ADDRESS 3015 JOE LOUIS DR.
CITY-ST-ZIP ORLANDO, FL 32805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

James W. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-06

Date

Daytime Phone #