FILED
Mar 05, 2007 08:00 AM
Secretary of State

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001453

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

| Principal Place of Business | Mailing Address |
|---|---|
| 809 WOODEN BLVD<br>ORLANDO, FL 32805 | 809 WOODEN BLVD<br>ORLANDO, FL 32805 |

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02052007 No 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

WILSON, JAMES W
809 WOODEN BLVD
ORLANDO, FL 32805

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000656371
03/14/07-80022-023 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | PINDER, ALTAMESE |
| STREET ADDRESS | 290 COTTAGE HILL ROAD |
| CITY-ST-ZIP | ORLANDO, FL 32806 |
| TITLE | D |
| NAME | REICHERTS, AUDREY H |
| STREET ADDRESS | 1132 FOXFOREST |
| CITY-ST-ZIP | APOPKA, FL 32719 |
| TITLE | D |
| NAME | LUMPKIN, SAMUEL |
| STREET ADDRESS | 1408 43RD STREET |
| CITY-ST-ZIP | ORLANDO, FL 32839 |
| TITLE | D |
| NAME | JENNINGS, WILLIAM |
| STREET ADDRESS | 2212 DUNHURST LANE |
| CITY-ST-ZIP | ORLANDO, FL 32836 |
| TITLE | D |
| NAME | WILSON, JAMES W |
| STREET ADDRESS | 809 WOODEN BLVD. |
| CITY ST ZIP | ORLANDO, FL 32805 |
| TITLE | D |
| NAME | BURNS, LEONA |
| STREET ADDRESS | 3015 JOE LOUIS DR. |
| CITY ST ZIP | ORLANDO, FL 32805 |

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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 Feb. 23, 2007
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #