

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001453

FILED
Mar 23, 2009
Secretary of State

Entity Name: JONES HIGH SCHOOL HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

809 WOODEN BLVD
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

809 WOODEN BLVD
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3434538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JAMES W
809 WOODEN BLVD
ORLANDO, FL 32805 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: D () Delete
Name: PINDER, ALTAMESE
Address: 290 COTTAGE HILL ROAD
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: REICHERTS, AUDREY H
Address: 1132 FOXFORREST
City-St-Zip: APOPKA, FL 32719

Title: D () Delete
Name: LUMPKIN, SAMUEL
Address: 1408 43RD STREET
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: JENNINGS, WILLIAM
Address: 2212 DUNHURST LANE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: WILSON, JAMES W
Address: 809 WOODEN BLVD.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: BURNS, LEONA
Address: 3015 JOE LOUIS DR.
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES W. WILSON

MR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date