

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005996

FILED  
Aug 20, 2009  
Secretary of State

**Entity Name:** THE DURKEEVILLE HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

1293 W 19TH ST  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1293 W 19TH ST  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 59-3531482      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SAPP, DOLORES J  
10648 WAKE FOREST AVE.  
JACKSONVILLE, FL 32218      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WILLIAMS, CAROLYN L DR  
Address: 1576 W. 13TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S      ( ) Delete  
Name: GREEN, WILLIE  
Address: 1905 DURKEE DR  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP      ( ) Delete  
Name: SINGLETON, WARNER  
Address: 3620 GRANT OWEN RD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP      (X) Delete  
Name: WASHINGTON, LLOYD  
Address: 2344 SHERRINGTON ST.  
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: WASHINGTON, LLOYD  
Address: 2344 SHERRINGTON ST.  
City-St-Zip: JACKSONVILLE, FL 32209

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

Title: VP      (X) Change ( ) Addition  
Name: SINGLETON, PAMELA  
Address: 1205 BRIAR RD.  
City-St-Zip: JACKSONVILLE, FL 32211

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: DOLORES J. SAPP

TREA

08/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date