

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90006 011 \*\*\*\*61.25

**DOCUMENT # N98000006118**

1. Entity Name  
**SOUTH LAKE COUNTY HISTORICAL SOCIETY, INC.**



Principal Place of Business  
**450 E HIGHWAY 50  
CLERMONT, FL 34711**

Mailing Address  
**450 E HIGHWAY 50  
CLERMONT, FL 34711**

40119090



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**P.O. Box 121723**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CLERMONT, FL**

City & State

City & State

05142007

Chg-NP

CR2E037 (12/06)

4. FEI Number

**59-8544324 3544324**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34711**

**USA**

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

**WOLFE, MICKI  
450 E HIGHWAY 50  
CLERMONT, FL 34711**

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

**Filing Fee is \$61.25  
Due by September 14, 2007**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **WOLFE, MICKI**  
CITY-ST-ZIP **450 E HIGHWAY 50  
CLERMONT, FL 34711**

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

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **BEEBE, BETTY**  
CITY-ST-ZIP **1157 W MAGNOLIA ST  
CLERMONT, FL 34711**

TITLE ☒ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS **Devon Cole**  
CITY-ST-ZIP **491 E. Osceola St.  
CLERMONT, FL 34711**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **ANDERSON, BEVERLY**  
CITY-ST-ZIP **723 W MONTROSE ST  
CLERMONT, FL 34711**

TITLE ☒ Change ☐ Addition  
NAME **SITID**  
STREET ADDRESS **Walker, Dolores**  
CITY-ST-ZIP **1653 Bowman St.  
CLERMONT, FL 34711**

TITLE ☒ Delete  
NAME **S**  
STREET ADDRESS **ALLEN, LOUISE**  
CITY-ST-ZIP **5514 SHRIVER ST  
LEESBURG, FL 34748**

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

TITLE ☐ Delete  
NAME **BD**  
STREET ADDRESS **STOCKTON, LOUISE**  
CITY-ST-ZIP **478 W LAKESHORE DR  
CLERMONT, FL 34711**

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

TITLE ☒ Delete  
NAME **BD**  
STREET ADDRESS **BEEBETON, ELAINE**  
CITY-ST-ZIP **420 MINNEHABA  
CLERMONT, FL 34711**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Beebe, Elaine**  
CITY-ST-ZIP **420 Minnehaba Ave  
CLERMONT, FL 34711**

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:

**Dolores Walker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dolores Walker**  
Secretary-Treasurer

Date

Daytime Phone #

**5-22-07 352 394-1390**