


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N98000006572	
<b>1. Entity Name</b> NOTARY PUBLIC HISTORICAL SOCIETY, INC.	

<b>Principal Place of Business</b> 807 NORTH CALHOUN STREET TALLAHASSEE, FL 32303	<b>Mailing Address</b> POST OFFICE BOX 5707 TALLAHASSEE, FL 32314-5707
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04222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3277398	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BUTLER, KATHLEEN M 807 NORTH CALHOUN STREET TALLAHASSEE, FL 32303	<b>DO NOT WRITE IN THIS SPACE</b>
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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.** No change in registered agent.

**SIGNATURE** Kathleen Butler **DATE** 4-26-05

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000336902</b> <b>04/27/05-80144-018 61.25</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> MD	<b>NAME</b> BUTLER, KATHLEEN M MD
<b>STREET ADDRESS</b> 807 NORTH CALHOUN STREET	<b>CITY - ST - ZIP</b> TALLAHASSEE, FL 32303
<b>TITLE</b> STD	<b>NAME</b> TULVE, NICHOLAS A STD
<b>STREET ADDRESS</b> 107 HIGHLAND AVENUE	<b>CITY - ST - ZIP</b> NEWBURGH, NY 12550
<b>TITLE</b> D	<b>NAME</b> NORRIS, IRIS D D
<b>STREET ADDRESS</b> 7412 ROUND HILL ROAD	<b>CITY - ST - ZIP</b> FREDERICK, MD 21702
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 person authorized 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 attached list with an address, with all other like empowered.**

**SIGNATURE** Kathleen Butler **DATE** 4-26-05 **Daytime Phone #** 850/671-5164

(PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)