2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N98000006572

Entity Name: NOTARY PUBLIC HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

5524 APALACHEE PKWY.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5707
TALLAHASSEE, FL 323145707

New Mailing Address:

POST OFFICE BOX 5707
TALLAHASSEE, FL 323145707 US

FEI Number: 52-1671325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, KATHLEEN M
5524 APALACHEE PKWY.
TALLAHASSEE, FL 32311 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: C ( ) Delete
Name: CHEE, CHRISTOPHER C
Address: 1102 DREAMCATCHER CT.
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: ST ( ) Delete
Name: DIESTELHORST, JACK ST
Address: 2701 EVERETT LANE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D ( ) Delete
Name: BROWN, WILLIAM D D
Address: 3162 SHAMROCK ST. EAST
City-St-Zip: TALLAHASSEE, FL 32309 US

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:

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: KATHLEEN BUTLER MD 04/14/2009
Electronic Signature of Signing Officer or Director — Date