2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2015
Secretary of State
CC0259181312

DOCUMENT# 735677

Entity Name: THE APALACHICOLA AREA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

THE RANEY HOUSE MUSEUM
128 MARKET STREET
APALACHICOLA, FL 32320

Current Mailing Address:

APALACHICOLA AREA HISTORICAL SOCIETY
P.O. BOX 75
APALACHICOLA, FL 32329-0075 US

FEI Number: 59-1677700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURENTON, MARK
34 FORBES STREET
SUITE 1
APALACHICOLA, FL 32320 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

Officer/Director Detail :

Title	VD
Name	ADLERSTEIN, DAVID
Address	PO BOX 224
City-State-Zip:	APALACHICOLA FL 32329

Title	TD
Name	EDWARDS, FRAN H
Address	PO BOX 405
City-State-Zip:	EASTPOINT FL 32328

Title	DIRECTOR
Name	SPRINGER, EDWARD
Address	36 NINTH STREET
City-State-Zip:	APALACHICOLA FL 32320

Title	DIRECTOR
Name	CLEMENTSON, SUSAN
Address	PO BOX 338
City-State-Zip:	APALACHICOLA FL 32329

Title	SD
Name	TAYLOR, SHIRLEY
Address	126 HICKORY DIP RD
City-State-Zip:	EASTPOINT FL 32328

Title	DIRECTOR
Name	SMITH, EUGENE
Address	C/O AAHS P.O. BOX 75
City-State-Zip:	APALACHICOLA FL 32329-0075

Title	PD
Name	KIENZLE, CAROLINE PRESIDENT
Address	15 EIGHTH STREET
City-State-Zip:	APALACHICOLA FL 32320

I hereby 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 all other like empowered.

SIGNATURE: FRANCES H EDWARDS TREASURER 03/02/2015

Electronic Signature of Signing Officer/Director Detail — Date