

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764802

Entity Name: SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**120 SAMS AVE.
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**P O BOX 968
NEW SMYRNA BEACH, FL 32170 US**FEI Number:** 59-2451690**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PEEL, JOHN W
261 MINORCA BEACHWAY
504
NEW SMYRNA BEACH, FL 32169 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:** JOHN W. PEEL

02/24/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER/DIRECTOR
Name MAYS, DRURY L
Address 243 LIVE OAK LANE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR, SECRETARY
Name SWEETT, ZELIA
Address 120 SAMS AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name DECKER, NORMAN
Address 2612 AUBRAN AVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name BECKHAM, IRENE
Address 707 CORBIN PARK DR
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name CODY, LINDA
Address 2311 S ATLANTIC AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name NEWELL, RICK
Address 808 LOCUST STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name STURGE, RICHARD
Address 3557 MARIBELLA DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR, 2ND VP
Name MINER, DAVE
Address 603 N PENINSULA AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32169

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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: DRURY MAYS

TREASURER

02/24/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHOW, VIRGINIA
Address 603 GLENDEVON DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name COFFIN, JOHN
Address 512 N RIVERSIDE DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name CHILDRESS, THOMAS
Address 120 SAMS AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name GRASTY,, JACK
Address 117 - 9TH STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name BAKER, JAKE
Address 1895 CREEKWATER BLVD.
City-State-Zip: PORT ORANGE FL 32128

Title 1ST VICE PRESIDENT/DIRECTOR
Name RAKOWSKI, MARK
Address EAST 8TH AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR, PRESIDENT
Name HOLBROOK, GREG
Address 120 SAMS AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name MATHENY, KAY
Address 120 SAMS AVENUE
City-State-Zip: NEW SMYRNA BEACH FL

Title DIRECTOR
Name BERGERT, SUSAN
Address 2689 OLD SMYRNA TRAIL
City-State-Zip: NEW SMYRNA BEACH FL 32168