

2022 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:** No**Name and Address of Current Registered Agent:**MAYS, DRURY L
243 LIVE OAK LANE
NEW SMYRNA BEACH, FL 32168 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:** DRURY L MAYS

02/11/2022

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
Name RAKOWSKI, MARK
Address EAST 8TH AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name AUSTIN, CORNELIA
Address 120 SAMS AVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR, PRESIDENT
Name SWANSON, GARY
Address 120 SAMS AVE
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 DAVIS, STEWART
Address 120 SAMS AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name FLANAGAN, WALTER
Address 120 SAMS AVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name WRIGHT, TOM
Address 120 SAMS AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32168

Continues on page 2

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 L MAYS**TREASURER**

02/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REEDER, GLENN
Address 120 SAMS AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name OWENS, MARVIN
Address 120 SAMS AVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name ZAFUTO, BARBARA
Address P O BOX 968
City-State-Zip: NEW SMYRNA BEACH FL 32170

Title DIRECTOR, VP
Name REILLY, BRION
Address 120 SAMS AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name HARDEBECK, JOHN
Address P O BOX 968
City-State-Zip: NEW SMYRNA BEACH FL 32170