

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26321

Entity Name: HIGH SPRINGS HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**23760 NW 187TH AVE.
HIGH SPRINGS, FL 32643**Current Mailing Address:**P. O. BOX 1711
HIGH SPRINGS, FL 32655-1711 US**FEI Number: 34-1975179****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CHAMBERS, RODGER
105 S.E. JEFFERSON GLENN
HIGH SPRINGS, FL 32643 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: RODGER CHAMBERS****02/25/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CHAMBERS, RODGER D
Address 105 SE JEFFERSON GLENN
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name DANYOW, RUPERT F
Address 10209 N.W. 1ST AVENUE
City-State-Zip: BRANFORD FL 32008

Title SECRETARY
Name KARRAS, PRISCILLA W
Address 233 SW BAY PLACE
City-State-Zip: FT. WHITE FL 32038

Title PRESIDENT
Name SUTTON, DAVID
Address 22118 NW 215TH TERRACE
City-State-Zip: HIGH SPRINGS FL 32643

Title TREASURER
Name SAGER, JUNE
Address 18974 NW 242ND STREET
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name DECKER, SHARON
Address 19109 NW 233RD STREET
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name LOAR, SYLVIA
Address 18775 NW 242ND STREET
City-State-Zip: HIGH SPRINGS FL 32643

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: PRISCILLA W KARRAS**SECRETARY****02/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date