


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90031 031 \*\*\*\*61.25

DOCUMENT # 741020					
1. Entity Name PLANTATION HISTORICAL SOCIETY, INC.					
Principal Place of Business 511 NORTH FIG TREE LANE PLANTATION, FL 33317		Mailing Address 511 NORTH FIG TREE LANE PLANTATION, FL 33317			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1807194	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHAFFER, ROSEMARY 511 NORTH FIG TREE LANE PLANTATION, FL 33317				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVETZ, ELAINE		NAME	Ragland, Lillian	
STREET ADDRESS	9875 NW 2ND STREET		STREET ADDRESS	790 SW 55 AVE	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	1V	<input checked="" type="checkbox"/> Delete	TITLE	1V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTENDORF, MIKI		NAME	Fceeney, Robert	
STREET ADDRESS	281 SW 57TH AVENUE		STREET ADDRESS	4500 NW 5th PLACE	
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	2V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, BETTY		NAME		
STREET ADDRESS	5681 SW 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	RS	<input checked="" type="checkbox"/> Delete	TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALIGOWSKI, MARGARET		NAME	SLIZA, MARY	
STREET ADDRESS	6701 SW 20TH STREET		STREET ADDRESS	574 NW 97th AVE	
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	CS	<input checked="" type="checkbox"/> Delete	TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, BETTY		NAME	SANDERS, JANET	
STREET ADDRESS	9835 NW 1ST COURT		STREET ADDRESS	171 SW 61st AVE	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIZA, MARY		NAME	STOGNET ROBERTA	
STREET ADDRESS	574 NW 97TH AVENUE		STREET ADDRESS	520 NW 75th Terrace	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33317	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lillian Ragland, President</i>		Date: <i>March 22, 2007</i>		Daytime Phone #: <i>954-587-6614</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	