


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90066 010 \*\*\*\*61.25

<b>DOCUMENT # 741020</b>					
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	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 7, 2008		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAGLAND, LILLIAN		NAME		
STREET ADDRESS	790 SW 55 AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	1V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEENEY, ROBERT		NAME		
STREET ADDRESS	4500 NW 5TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
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	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOGNER, ROBERTA		NAME	Treasurer	
STREET ADDRESS	520 NW 75TH TERRACE		STREET ADDRESS	Mary Sliza	
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	574 NW 97th Ave.	
				Plantation, FL 33324	
TITLE	CS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, JANET		NAME		
STREET ADDRESS	171 SW 61ST AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317		CITY-ST-ZIP		
TITLE	RS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLIZA, MARY		NAME	Recording Secretary	
STREET ADDRESS	574 NW 97TH AVENUE		STREET ADDRESS	Betty Fitzgerald	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	9835 NW 125 Court	
				Plantation, FL 33324	
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 H. Ragland, President</i>				Date: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR				Daytime Phone #: 954-589-6614	