## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 13, 2009 **DOCUMENT#741020** Secretary of State

Entity Name: PLANTATION HISTORICAL SOCIETY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

511 NORTH FIG TREE LANE PLANTATION, FL 33317

**Current Mailing Address: New Mailing Address:** 

511 NORTH FIG TREE LANE PLANTATION, FL 33317

FEI Number: 59-1807194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHAFER, ROSEMARY 511 NORTH FIG TREE LANE PLANTATION, FL 33317

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition RAGLAND, LILLIAN CORBIN, SYDNEY Name: Name:

790 SW 55 AVE Address: 7921 NW 5 COURT Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33324

Title: () Delete Title: (X) Change ( ) Addition

FEENEY, ROBERT Name: TINGLE, PEGGY Name: Address: 4500 NW 5TH PLACE Address: 620 NW 68 AVE City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317

Title: Title: () Change () Addition ( ) Delete

COBB, BETTY Name: Name: Address: 5681 SW 6TH STREET Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip:

( ) Delete Title: Title: () Change () Addition

SLIZA, MARY Name: Name: Address: 574 NW 97 AVE Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip:

Title: () Delete Title: () Change () Addition

FITZPATRICK, BETTY Name: Name: 9835 NW 1ST CT Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition TINSKY, JOAN FLEITMAN, GLORIA Name: Name:

Address: 560 BEACHWOOD LANE Address: 6500 CYPRESS ROAD #412 PLANTATION, FL 33317 PLANTATION, FL 33317 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY SLIZA **TREA** 08/13/2009