

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008903

FILED
Feb 19, 2009
Secretary of State

Entity Name: WILTON MANORS HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

2325 NE 19TH AVE
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2325 NE 19TH AVE
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 05-0541102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUTA, PAUL A
500 N.E. 28TH STREET
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CLINE, DIANE
Address: 2325 NE 19TH AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: VD () Delete
Name: THUMA, CYNTHIA
Address: 318 NE 25TH ST
City-St-Zip: WILTON MANORS, FL 33305

Title: SD () Delete
Name: LITTLE, BENJAMIN B
Address: 2525 NE 3RD AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: TD () Delete
Name: KUTA, PAUL A
Address: 500 N.E. 28TH ST.
City-St-Zip: WILTON MANORS, FL 33334

Title: D (X) Delete
Name: STALETOVICH, PATSY
Address: 2324 NE 17TH TERRACE
City-St-Zip: WILTON MANORS, FL 33305

Title: D (X) Delete
Name: LUNSFORD, ANN
Address: 1973 CORAL GARDENS DR
City-St-Zip: WILTON MANORS, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PAUL A. KUTA

TD

02/19/2009

Electronic Signature of Signing Officer or Director

Date