2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # N03000005180 02-27-2004 90015 011 ****61.25 -1. Entity Name BRANDON HISTORICAL ASSOCIATION, INC. Principal Place of Business Mailing Address 308 CAMBRIDGE PLACE 308 CAMBRIDGE PLACE 66408073 BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For <u> 20 - o 23</u> 3335 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEĂŇ, BŸŘOŇ Street Address (P.O. Box Number is Not Acceptable) 819 SOUTH KINGS AVENUE **BRANDON FL 33511** Zip Code City 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 regists@d agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change DEAN, BYRON NAME NAME 819 SOUTH KINGS AVENUE STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RODRIGUEZ, LISA NAME NAME 1808 LIDO DRIVE --STREET ADDRESS STREET ADDRESS بعير بالاس BRANDON FL-33511-CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition RIMBY, GRANT NAME NAME 411 ISLAND ROAD, STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 33617 -CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 appears, with affecting the empowered.

FILED

Mar 29, 2004 8:00 am

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N0300005180 -1. Entity Name BRANDON HISTORICAL ASSOCIATION, INC.					2/2//2004-9	,0012-011-≫	01.25-301.25	
BRANDON HISTORICAL ASSOCIATION, INC.								
Principal Place of Business 308 CAMBRIDGE PLACE		Mailing Address 308 CAMBRIDGE PLACE			1	Ç.C	400093	
BRANDON FL 33511		BRANDON FL 33511		66408073				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u></u>	MOORE	CR2E037 (11/03)		
City & State		City & State			4. FEI Number 20 -	02333		Applied For Not Applicable
Zip	Country	Country Zip			5. Certificate of S		S8.75 Ac	
	6. Name and Address of Current	Registered Agent	Narr	ne	7. Name and Add	dress of New R	egistered Agent	
DEAN, BYRON 819 SOUTH KINGS AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
BRANDON FL 33511			ļ					
			City				FL Zip Con	de
8. The above named entity submits this statement for the purpose of changing its registered office or registered office or registered agent.					red agent, or both, in	n the State of Flo	prida. I am familiar with	1, and accept
SIGNATURE 2/24/04								
Signature, typed or planted name of registoring agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Out to the property of the proper								
FILE NOW: FEE IS \$61:25 Due: By May: 1, 2004 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State							to State.	
TITLE	OFFICERS AND DI	IRECTORS Delate	11.	1	ADDITIONS/CHANG	SES TO OFFICE	RS AND DIRECTORS I	
NAME STREET ADDRESS	NAME DEAN, BYRON		NAME				<u> </u>	☐ ridanios.
CITY-ST-ZIP	BRANDON FL 33511		STREET ADORE CITY-ST-ZIP	22	<u> </u>			
TITLE NAME	S RODRIGUEZ, LISA	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1808 LIDO DRIVE		STREET ADDRE	:SS	-	yes m ag	a service	
TITLE NAME	T RIMBY, GRANT	☐ Delete	TITLE				☐ Change	Addition
	411 ISLAND ROAD. TEMPLE TERRACE FL 33617	n e e e e e e e e e e e e e e e e e e e	STREET ADDRE	:ss				
TITLE		· Delete	TITLE			,.	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRE CITY-ST-ZIP	:52	•			
TITLE		☐ Delete	TITLE	\dashv			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	:ss				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	:22				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817. Florida Statutes; and that my name appears in Block 10 or Block 11 if								
changed, or on an attachment with an address, with afrother like empowered.								
SIGNATURE: SIGNATURE: SIGNATURE AND 16/PED OR PRINTEDINAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Dayline Prome #								