


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 023 ****70.00

DOCUMENT # N04000004070					
1. Entity Name HISTORICAL SOCIETY OF PENNEY FARMS, INC.					
Principal Place of Business 4100 CLARK AVE PENNEY FARMS, FL 32079-1041			Mailing Address P.O. BOX 1041 PENNEY FARMS, FL 32079-1041		
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 55-0868267	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PENNEY, AUDREY J 3435 MORTON ST #301-E PENNEY FARMS, FL 32079			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 reinstating) 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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENNEY, AUDREY J		NAME		
STREET ADDRESS	PO BOX 1028		STREET ADDRESS		
CITY-ST-ZIP	PENNEY FARMS, FL 32079		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, ELIZABETH J BETTY		NAME		
STREET ADDRESS	PO BOX 287		STREET ADDRESS		
CITY-ST-ZIP	PENNEY FARMS, FL 32079		CITY-ST-ZIP		
TITLE	COB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIBBETTS, ORLANDO L		NAME		
STREET ADDRESS	P.O. BOX 828		STREET ADDRESS		
CITY-ST-ZIP	PENNEY FARMS, FL 32079		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THOMAS, JIMMIE LEE		NAME	DeVILLE, THOMAS E	
STREET ADDRESS	PO BOX 161		STREET ADDRESS	PO Box 413	
CITY-ST-ZIP	PENNEY FARMS, FL 32079		CITY-ST-ZIP	PENNEY FARMS, FL 32079	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAUNDERS, MYTZI T		NAME		
STREET ADDRESS	P.O. BOX 01		STREET ADDRESS		
CITY-ST-ZIP	PENNEY FARMS, FL 32079		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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>Audrey Penney</i>			Date: 18 April 2007 9046299078		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		