


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004070 1. Entity Name HISTORICAL SOCIETY OF PENNEY FARMS, INC.	
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Principal Place of Business 4100 CLARK AVE PENNEY FARMS, FL 32079-1041	Mailing Address P.O. BOX 1041 PENNEY FARMS, FL 32079-1041
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0868267	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

PENNEY, AUDREY J
 3435 MORTON ST #301-E
 PENNEY FARMS, FL 32079

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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 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNEY, AUDREY J PO BOX 1028 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, ELIZABETH J BETTY PO BOX 287 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB TIBBETTS, ORLANDO L P.O. BOX 828 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEVILLE, THOMAS E PO BOX 413 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUNDERS, MYTZI T P.O. BOX 01 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000876180
 04/11/08-80064-004 61.25

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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: Audrey J. Penney 3/15/08 904/284-8859
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #