

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2009  
Secretary of State**

DOCUMENT# N04000004070

Entity Name: HISTORICAL SOCIETY OF PENNEY FARMS, INC.

**Current Principal Place of Business:**

4100 CLARK AVE  
PENNEY FARMS, FL 320791041

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1041  
PENNEY FARMS, FL 320791041

**New Mailing Address:**

FEI Number: 55-0868267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PENNEY, AUDREY J  
3435 MORTON ST #301-E  
PENNEY FARMS, FL 32079      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: P ( ) Delete  
Name: PENNEY, AUDREY J  
Address: PO BOX 1028  
City-St-Zip: PENNEY FARMS, FL 32079

Title: S ( ) Delete  
Name: THOMAS, ELIZABETH J BETTY  
Address: PO BOX 287  
City-St-Zip: PENNEY FARMS, FL 32079

Title: COB ( ) Delete  
Name: TIBBETTS, ORLANDO L  
Address: P.O. BOX 828  
City-St-Zip: PENNEY FARMS, FL 32079

Title: VP ( ) Delete  
Name: DEVILLE, THOMAS E  
Address: PO BOX 413  
City-St-Zip: PENNEY FARMS, FL 32079

Title: T ( ) Delete  
Name: SAUNDERS, MYTZI T  
Address: P.O. BOX 01  
City-St-Zip: PENNEY FARMS, FL 32079

**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:

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: ELIZABETH J. BETTY THOMAS

S

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date