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Mar 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002051 (7)

1. Corporation Name
THE ZELLWOOD HISTORICAL SOCIETY, MUSEUM & LIBRARY, INC.

Principal Place of Business 3100 UNION STREET ZELLWOOD FL 32798	Mailing Address PO BOX 832 ZELLWOOD FL 32798
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 PO BOX 1186 26 Suite, Apt. #, etc. 27 City & State 28 Zellwood FL 29 Zip 30 32798-1186 31 Country
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9. Name and Address of Current Registered Agent

**O'NEAL, MASTON
422 S CENTRAL AVE
APOPKA FL 32704**

3. Date Incorporated or Qualified 04/10/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OSBORN, VIOLET D 3557 BLSM CIRCLE ZELLWOOD FL 32798	1.1 TITLE	PD George W. Klusmeier 5782 Maggiore Tr. PO Box 187 Zellwood FL 32798-0187
NAME	<input checked="" type="checkbox"/> DELETE	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD KLUSMEIER, GEORGE P O BOX 187 N/A ZELLWOOD FL 32798	2.1 TITLE	VD George W. Klusmeier Sara EURE 5100 Jones Ave. PO BOX 246 Zellwood FL 32798-0246
NAME	<input checked="" type="checkbox"/> DELETE	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD KLUSMEIER, GEORGE PO BOX 187 N/A ZELLWOOD FL 32798	3.1 TITLE	George W. Klusmeier SD Jack Humphrey 5437 King Ave. PO Box 509 Zellwood FL 32798-0509
NAME	<input checked="" type="checkbox"/> DELETE	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	George W. Klusmeier TD Marvin Barrett 5003 Ponkan RD PO BOX 194 Zellwood FL 32798-0194
NAME		4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	300002446898 -03/04/98--01035--010 ***61.25
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George W. Klusmeier* Pres. 2/10/98 (407) 881-0456

CR2E037 (10/97)