

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29, 2000 8:00 am Secretary of State

01-29-2000 90092 006 \*\*\*61.25

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1. Corporation Name

THE ZELLWOOD HISTORICAL SOCIETY, MUSEUM & LIBRARY, INC.

Principal Place of Business

3160 UNION STREET ZELLWOOD FL 32798

Mailing Address

P.O. BOX 1186 ZELLWOOD FL 32798-1186

80006395



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/10/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 59-3494367

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD KLUSOMEIER, GEORGE W 5732 MAGGIORE TR. ZELLWOOD FL 32798-0187

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VD EURE, SARA 5100 JONES AVE. ZELLWOOD FL 32798-0509

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

SD HUMPHERY, JACK 5437 KING AVE. ZELLWOOD FL 32798-0509

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TD BARRETT, MARVIN 5003 PONKAN RD. ZELLWOOD FL 32798-0194

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

DELETED OFFICER

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

DELETED OFFICER

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-00

407-886-4640

Date

Daytime Phone #

CR2E037 (1/198)