


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002051</b> 1. Entity Name <b>THE ZELLWOOD HISTORICAL SOCIETY, MUSEUM &amp; LIBRARY, INC.</b>	
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Principal Place of Business <b>3160 UNION STREET ZELLWOOD FL 32798</b>	Mailing Address <b>P.O. BOX 1186 ZELLWOOD FL 32798-1186</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3494367</b>	Applied For Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>ZELLWOOD HISTORICAL SOCIETY 3160 UNION STREET P.O BOX 1186 ZELLWOOD FL 32798</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDSB HUMPHERY, JACK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5437 KING AVE.	NAME	000000016735
CITY - ST - ZIP	ZELLWOOD FL 32798-0509	STREET ADDRESS	01/28/04-80068-001 61.25
CITY - ST - ZIP	ZELLWOOD FL 32798-0509	CITY - ST - ZIP	
TITLE	TD BARRETT, MARVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5051 PALM DR.	NAME	
CITY - ST - ZIP	ZELLWOOD FL 32798-0194	STREET ADDRESS	
CITY - ST - ZIP	ZELLWOOD FL 32798-0194	CITY - ST - ZIP	
TITLE	PD HUMPHREY, JACK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5437 KING AVENUE	NAME	
CITY - ST - ZIP	ZELLWOOD FL 32798	STREET ADDRESS	
CITY - ST - ZIP	ZELLWOOD FL 32798	CITY - ST - ZIP	
TITLE	VP DOGGETT, DWIGHT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3658 ORDICK ROAD	NAME	
CITY - ST - ZIP	APOPKA FL 32712	STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL 32712	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	
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 exemption stated in Section 19.07(3)(i), 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:** Marvin Barrett **1-23-04** **407-884-4640**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #