

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002051

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** THE ZELLWOOD HISTORICAL SOCIETY, MUSEUM & LIBRARY, INC.

**Current Principal Place of Business:**

3160 UNION STREET  
ZELLWOOD, FL 32798

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1186  
ZELLWOOD, FL 327981186

**New Mailing Address:**

**FEI Number:** 59-3494367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZELLWOOD HISTORICAL SOCIETY  
3160 UNION STREET  
P.O BOX 1186  
ZELLWOOD, FL 32798 US

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

ZELLWOOD HISTORICAL SOCIETY  
3160 UNION STREET  
P.O BOX 1186  
ZELLWOOD, FL 32798 US

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: MARVIN B. BARRETT

01/04/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDSD ( ) Delete  
Name: HUMPHERY, JACK  
Address: 5437 KING AVE.  
City-St-Zip: ZELLWOOD, FL 327980509

Title: TD ( ) Delete  
Name: BARRETT, MARVIN  
Address: 5051 PALM DR.  
City-St-Zip: ZELLWOOD, FL 327980194

Title: PD ( ) Delete  
Name: HUMPHREY, JACK  
Address: 5437 KING AVENUE  
City-St-Zip: ZELLWOOD, FL 32798

Title: VP ( ) Delete  
Name: DOGGETT, DWIGHT  
Address: 3658 ORDICK ROAD  
City-St-Zip: APOPKA, FL 32712

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: MARVIN B. BARRETT

TREA

01/04/2005

Electronic Signature of Signing Officer or Director

Date