2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002051

FILED Jan 06, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 3160 UNION STREET ZELLWOOD, FL 32798 **Current Mailing Address: New Mailing Address:** P.O. BOX 1186 ZELLWOOD, FL 327981186 FEI Number: 59-3494367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZELLWOOD HISTORICAL SOCIETY ZELLWOOD HISTORICAL SOCIETY 3160 UNION STREET 3160 UNION STREET P.O BOX 1186 P.O BOX 194 ZELLWOOD, FL 32798 US ZELLWOOD, FL 327980194 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 BARRETT 01/06/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDSD () Delete () Change () Addition HUMPHERY, JACK Name: Name: 5437 KING AVE. Address: Address: City-St-Zip: ZELLWOOD, FL 327980509 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: BARRETT, MARVIN Name: Address: 5051 PALM DR. Address: City-St-Zip: ZELLWOOD, FL 327980194 City-St-Zip: Title: PD() Delete Title: () Change () Addition HUMPHREY, JACK Name: Name: 5437 KING AVENUE Address: Address: City-St-Zip: ZELLWOOD, FL 32798 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition DOGGETT, DWIGHT Name: Name: Address: 3658 ORDICK ROAD Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARVIN BARRETT TD 01/06/2007