

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002051

**FILED**  
**Jan 18, 2012**  
**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 32798 US

**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 194  
ZELLWOOD, FL 327980194 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARVIN BARRETT

TREA

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date