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: GLEN D. RICHARDSON

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :**

Title	Р	Title	VP
Name	RICHARDSON, GLEN D	Name	FOLEY, GEORGE V
Address	774 CREEK VIEW CT	Address	3545 CARTER JONES RO
City-State-Zip:	OCOEE FL 34761	City-State-Zip:	GROVELAND FL 34736
Title	ST		
Title Name	ST FOLEY, JESSICA		
Name	FOLEY, JESSICA		

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000011356

Entity Name: 11TH FLORIDA LIVING HISTORIANS, INC.

Current Principal Place of Business:

774 CREEK VIEW CT OCOEE. FL 34761

Current Mailing Address:

774 CREEK VIEW CT OCOEE, FL 34761 US

FEI Number: 83-4665290

Name and Address of Current Registered Agent:

FOLEY, ROBERT V 15631 VINOLA DRIVE MONTVERDE, FL 34756 US

OAD

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 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 05/07/2019

Date

Date

FILED May 07, 2019 Secretary of State 9417715697CC

Certificate of Status Desired: No

PRESIDENT