

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N19000012734

**Entity Name:** THE HISTORIC LINDSEY TRUST, INC.

**Current Principal Place of Business:**

1335 N.W. 67 STREET  
MIAMI, FL 33147

**Current Mailing Address:**

1335 N.W. 67 STREET  
MIAMI, FL 33147 US

**FEI Number: 84-3932856**

**Certificate of Status Desired:** Yes

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

THOMAS, VALERIA B  
1314 BADEN POWELL ROAD  
HAWTHORNE, FL 32640 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GREER, ANITA  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147

Title            VP  
Name            RAYBORN, YOLANDA  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147

Title            TREASURER  
Name            WILLIAMS, SYLVIA  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147

Title            SECRETARY  
Name            WEBSTER, VIVIAN  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147

Title            DIRECTOR  
Name            KELLER, MARY  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147

Title            DIRECTOR  
Name            KELLER, ALICE  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147

Title            DIRECTOR  
Name            BECKER, JULIE  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147

Title            DIRECTOR  
Name            WAHISI, TSI TSI  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147

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*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: ANITA GREER**

**PRESIDENT**

**11/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MINCEY , TINA  
Address        1335 N.W. 67 STREET  
City-State-Zip: MIAMI FL 33147