

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002051

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC5472906002**

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

**Current Principal Place of Business:**

3160 UNION STREET  
ZELLWOOD, FL 32798

**Current Mailing Address:**

P.O. BOX 1186  
ZELLWOOD, FL 32798 US

**FEI Number: 59-3494367**

**Certificate of Status Desired: No**

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

ZELLWOOD HISTORICAL SOCIETY  
3160 UNION STREET  
P.O BOX 1186  
ZELLWOOD, FL 32798-0194 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            GRINNELL, CHARLES "CHARLIE" JR.  
Address        P.O. BOX 354  
City-State-Zip: ZELLWOOD FL 32798

Title            VP  
Name            DURANTE, CARLA  
Address        1223 EAST 2ND AVE.  
City-State-Zip: MT. DORA FL 32757

Title            SECRETARY  
Name            GRINNELL, MARJORIE "MARGIE"  
Address        P.O. BOX 371  
City-State-Zip: TANGERINE FL 32777-0371

Title            TREASURER  
Name            TURNER, CICILY VINCENT  
Address        901 S. ATLANTIC AVE.  
                  # 201  
City-State-Zip: ORMOND BEACH FL 32176

Title            HISTORIAN  
Name            LYNCH, DELORIS  
Address        P.O. BOX 1256  
City-State-Zip: ZELLWOOD FL 32798

Title            DIRECTOR  
Name            IRRGANG, SARA  
Address        4304 MEADOWLAND  
City-State-Zip: MT. DORA FL 32757

Title            DIRECTOR  
Name            KORB, DONNA  
Address        5124 JONES AVE.  
City-State-Zip: ZELLWOOD FL 32798

Title            DIRECTOR  
Name            ONDICH, ROSA LEE  
Address        P.O. BOX 101  
City-State-Zip: ZELLWOOD FL 32798-0101

**Continues on page 2**

*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: CICILY V. TURNER**

**TREASURER**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BARRETT, MARVIN  
Address        P.O. BOX 194  
City-State-Zip: ZELLWOOD FL 32798