

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002051

FILED
Jan 15, 2021
Secretary of State
5564246320CC

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

Title TREASURER
Name TURNER, CICYLY 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 STARBIRD, NADINE
Address 3160 UNION STREET
City-State-Zip: ZELLWOOD FL 32798

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

Title DIRECTOR
Name CARLTON, MIKE
Address P.O. BOX 1186
City-State-Zip: ZELLWOOD FL 32798

Title DIRECTOR
Name SHIVER, DENNY
Address 3160 UNION STREET
City-State-Zip: ZELLWOOD FL 32798

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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: CICYLY V. TURNER

TREASURER

01/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOULWARE, PAT
Address P O. BOX 1186
City-State-Zip: ZELLWOOD FL 32798