

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002051

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

**FILED**  
**Mar 11, 2013**  
**Secretary of State**  
**CC3454949823**

**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 194  
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 PDSD  
Name HUMPHERY, JACK  
Address 5437 KING AVE.  
City-State-Zip: ZELLWOOD FL 32798-0509

Title TD  
Name BARRETT, MARVIN  
Address 5051 PALM DR.  
City-State-Zip: ZELLWOOD FL 32798-0194

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

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

Title DIRECTOR  
Name LYNCH, DELORIES  
Address KING ST  
City-State-Zip: ZELLWOOD FL 32798

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**

**03/11/2013**

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

\_\_\_\_\_  
Date