

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002051

Entity Name: THE ZELLWOOD HISTORICAL SOCIETY, MUSEUM & LIBRARY, INC.**FILED**
Apr 01, 2014
Secretary of State
CC1978468664**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	PRESIDENT
Name	HUMPHERY, JACK
Address	5437 KING AVE.
City-State-Zip:	ZELLWOOD FL 32798-0509

Title	DIRECTOR
Name	LYNCH, DELORIES
Address	5316 KING ST
City-State-Zip:	ZELLWOOD FL 32798

Title	SECRETARY
Name	KORB, DONNA
Address	2114 JONES AV
City-State-Zip:	ZELLWOOD FL 32798

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

Title	VP
Name	GRINNELL, CHARLIE
Address	5023 DORA DR
City-State-Zip:	TANGERINE FL 32777

Title	TREASURER
Name	SHIVER, DENNY
Address	3367 WASHINGTON 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**DIRECTOR****04/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date