

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002051

Entity Name: THE ZELLWOOD HISTORICAL SOCIETY, MUSEUM & LIBRARY, INC.**FILED**
Feb 01, 2024
Secretary of State
9369944738CC**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	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	STARBIRD, NADINE
Address	3160 UNION STREET
City-State-Zip:	ZELLWOOD FL 32798

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

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

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

Title	SECRETARY
Name	CARSON, BRYCE E
Address	P.O. BOX 1186
City-State-Zip:	ZELLWOOD FL 32798

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: BRYCE E CARSON**SECRETARY****02/01/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CARSON, KAREN B
Address	P.O. BOX 1186
City-State-Zip:	ZELLWOOD FL 32798