

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731921 (3)
1. Corporation Name
EAST HILLSBOROUGH HISTORICAL SOCIETY, INC.



Principal Place of Business
**605 N COLLINS ST
PLANT CITY FL 33566**

Mailing Address
**605 N COLLINS ST
PLANT CITY FL 33566**

3. Date Incorporated or Qualified
02/19/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1918624		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENRY, J. MYRLE
102 W. REYNOLDS STREET
PLANT CITY FL 33566**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLARD, JIM	1.2 NAME	Libby Cloen
STREET ADDRESS	1103 S. EVERS STREET	1.3 STREET ADDRESS	1803 N. Teakwood Dr E
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, JOHN	2.2 NAME	Lou Baird
STREET ADDRESS	6803 STAFFORD ROAD WEST	2.3 STREET ADDRESS	107 E. Reynolds St.
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRITCHETT, ROBERT	3.2 NAME	Jim Baggett
STREET ADDRESS	337 MT. TAHO LANE	3.3 STREET ADDRESS	1001 N. Wheeler St.
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENTRY, DEBBIE	4.2 NAME	Bill Meriwether
STREET ADDRESS	902 N. COLLINS STREET	4.3 STREET ADDRESS	802 N. Collins St.
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNNERY, PAULA	5.2 NAME	
STREET ADDRESS	804 W. HAMLIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDREDTH, SARA	6.2 NAME	
STREET ADDRESS	1201 WEST TERRACE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 96
Date

813-257-9226
Daytime Phone #

CR2E037 (12/95)