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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

605 N COLLINS ST
PLANT CITY FL 33566605 N COLLINS ST
PLANT CITY FL 33566-3321

3. Date Incorporated or Qualified

02/19/1975

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-1918624

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

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

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 ☒ DELETENAME POLLARD, JIM
STREET ADDRESS 1103 S. EVERS STREET
CITY-ST-ZIP PLANT CITY FL

1.1 TITLE

JAMES JONES, (P) ☐ Change ☒ Addition
5302 S TURKEY CREEK RD
PLANT CITY FL 33567TITLE VP ☒ DELETENAME ROGERS, JOHN
STREET ADDRESS 6603 STAFFORD ROAD WEST
CITY-ST-ZIP PLANT CITY FL

2.1 TITLE

VP

☐ Change☒ AdditionTITLE T ☐ DELETENAME PRITCHETT, ROBERT
STREET ADDRESS 337 MT. TAHO LANE
CITY-ST-ZIP VALRICO FL

2.2 NAME

JUDY BARTA

☐ Change☐ AdditionTITLE D ☒ DELETENAME MERIWETHER, BILL
STREET ADDRESS 802 N COLLINS ST
CITY-ST-ZIP PLANT CITY FL

2.3 STREET ADDRESS

5315 KEENE DR

☐ Change☒ AdditionTITLE S ☒ DELETENAME CLOEN, LIBBY
STREET ADDRESS 1803 N TEAKWOOD DR E
CITY-ST-ZIP PLANT CITY, FL 00000

2.4 CITY-ST-ZIP

PLANT CITY FL 33567

☐ Change☐ AdditionTITLE D ☐ DELETENAME LOU, BAIRD
STREET ADDRESS 107 E REYNOLD ST
CITY-ST-ZIP PLANT CITY FL

3.1 TITLE

S

☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert Pritchett* ROBERT PRITCHETT

23 Apr 97

813-757-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046150

CR2E037 (9/96)