


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
02/19/1975

4. FEI Number
59-1918624

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	JONES, JAMES <input checked="" type="checkbox"/> DELETE	1.1 TITLE P	BARTA, JUDY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5302 S TURKEY CREEK ROAD	1.2 NAME	5315 Keene DR
STREET ADDRESS	PLANT CITY FL	1.3 STREET ADDRESS	PLANT CITY FL 33567
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	BARTA, JUDY <input type="checkbox"/> DELETE	2.1 TITLE VP	VERNER, ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5315 KEENE DR	2.2 NAME	3435 MAYDAY DR
STREET ADDRESS	PLANT CITY FL	2.3 STREET ADDRESS	PLANT CITY, FL 33565
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE T	PRITCHETT, ROBERT <input type="checkbox"/> DELETE	3.1 TITLE D	EADY, CAROLYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	337 MT. TAHO LANE	3.2 NAME	1222 S WIGGINS RD
STREET ADDRESS	VALRICO FL	3.3 STREET ADDRESS	PLANT CITY, FL 33566
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE S	EADY, CAROLYN <input type="checkbox"/> DELETE	4.1 TITLE S	ODOM, CHRISTINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1222 S WIGGINS RD	4.2 NAME	3402 MURRY FARM ROAD
STREET ADDRESS	PLANT CITY FL	4.3 STREET ADDRESS	PLANT CITY, FL 33567
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	EDWARDS, PATT <input type="checkbox"/> DELETE	5.1 TITLE D	DRAUGHON, NETTIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2815 HAMMOCK DR	5.2 NAME	602 W SAUNDERS ST
STREET ADDRESS	PLANT CITY, FL 00000	5.3 STREET ADDRESS	PLANT CITY, FL 33566
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	LOU, BAIRD <input checked="" type="checkbox"/> DELETE	6.1 TITLE D	HARWELL, JONNIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	107 E REYNOLD ST	6.2 NAME	4902 US HWY 92 WEST
STREET ADDRESS	PLANT CITY FL	6.3 STREET ADDRESS	PLANT CITY, FL 33567
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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 D. Pritchett* **ROBERT D. PRITCHETT** Treasurer 10 APR 98 B13-757-9226