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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731921

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/19/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1918624	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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

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 checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARTA, JUDY			1.2 NAME	ED VERNER		
STREET ADDRESS	5315 KEENE DR			1.3 STREET ADDRESS	3435 MAHDAY DR		
CITY-ST-ZIP	PLANT CITY FL 33567			1.4 CITY-ST-ZIP	PLANT CITY, FL 33565		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARTA, JUDY			2.2 NAME	MARTHA DIXON		
STREET ADDRESS	5315 KEENE DR			2.3 STREET ADDRESS	6108 VARN. RD.		
CITY-ST-ZIP	PLANT CITY FL			2.4 CITY-ST-ZIP	PLANT CITY, FL 33565		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRITCHETT, ROBERT			3.2 NAME	DEVON HIGGIN BOTHAM		
STREET ADDRESS	337 MT. TAHO LANE			3.3 STREET ADDRESS	120 S WIGGINS RD.		
CITY-ST-ZIP	VALRICO FL			3.4 CITY-ST-ZIP	PLANT CITY, FL 33566		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EADY, CAROLYN			4.2 NAME	ANNE HAYWOOD		
STREET ADDRESS	1222 S WIGGINS RD			4.3 STREET ADDRESS	702 N KNIGHT ST.		
CITY-ST-ZIP	PLANT CITY FL			4.4 CITY-ST-ZIP	PLANT CITY, FL 33566		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EDWARDS, PATT			5.2 NAME	ART CHAPPELL		
STREET ADDRESS	2815 HAMMOCK DR			5.3 STREET ADDRESS	645 CAREY PLACE		
CITY-ST-ZIP	PLANT CITY, FL 00000			5.4 CITY-ST-ZIP	LAKE LAND, FL 33803		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARWELL, JENNIE			6.2 NAME	GIL GOTT		
STREET ADDRESS	4902 US HWY 92 W			6.3 STREET ADDRESS	1008 W MAHONEY ST.		
CITY-ST-ZIP	PLANT CITY FL 33567			6.4 CITY-ST-ZIP	PLANT CITY, FL 33566		

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, with all other like empowered.

SIGNATURE: *Robert Pritchett* **PRITCHETT** 13 APR 99 813-757-9226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)