


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 731921
1. Entity Name
EAST HILLSBOROUGH HISTORICAL SOCIETY, INC.



Principal Place of Business
605 N COLLINS ST
PLANT CITY, FL 33563

Mailing Address
605 N COLLINS ST
PLANT CITY, FL 33563

DO NOT WRITE IN THIS SPACE



01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1918624

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENDER, SHELBY
1104 W CHERRY ST
PLANT CITY, FL 33563

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8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENDER, SHELBY 1104 W. CHERRY ST. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASSMORE, MARSHA 803 W. REYNOLDS ST. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCHMAN-WOLFF, BERYLE 2718 LAUREL OAKS DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANEY, MARLENE 1114 N. MARYLAND AVE. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, JACK 2718 LAUREL OAKS DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMMING, GERALDINE 704 W. MCCLENDEN ST. PLANT CITY, FL 33563

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01/20/06-80050-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shelby Bender 1/13/2006 813-757-9226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #