


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90033 040 \*\*\*\*61.25

<b>DOCUMENT # 731921</b>					
1. Entity Name <b>EAST HILLSBOROUGH HISTORICAL SOCIETY, INC.</b>					
Principal Place of Business <b>605 N COLLINS ST PLANT CITY, FL 33563</b>			Mailing Address <b>605 N COLLINS ST PLANT CITY, FL 33563</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BENDER, SHELBY 1104 W CHERRY ST PLANT CITY, FL 33563</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BENDER, SHELBY</b>		NAME		
STREET ADDRESS	<b>1104 W. CHERRY ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL 33563</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PASSMORE, MARSHA</b>		NAME		
STREET ADDRESS	<b>803 W. REYNOLDS ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL 33563</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BUCHMAN-WOLFF, BERYLE</b>		NAME		
STREET ADDRESS	<b>2718 LAUREL OAKS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HANEY, MARLENE</b>		NAME	<b>S Marlene Sanchez</b>	
STREET ADDRESS	<b>1114 N. MARYLAND AVE.</b>		STREET ADDRESS	<b>2905 James Melvin Drive</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL 33563</b>		CITY-ST-ZIP	<b>Plant City, FL 33565</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WOLFF, JACK</b>		NAME		
STREET ADDRESS	<b>2718 LAUREL OAKS DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DEMMING, GERALDINE</b>		NAME	<b>D Geraldine Demming</b>	
STREET ADDRESS	<b>704 W. MCCLENDEN ST.</b>		STREET ADDRESS	<b>704 W. mc Lendon St</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL 33563</b>		CITY-ST-ZIP	<b>Plant City, FL 33563</b>	
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: <i>Shelby Bender</i>			Date: <i>1/16/2007</i> Daytime Phone #: <i>813-757-9226</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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