


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 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
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**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1918624	Applied For Not Applicable
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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

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

**Filing Fee is \$61.25.  
Due by May 1, 2008**

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 SANCHEZ, MARLENE 2905 JAMES MELVIN DRIVE PLANT CITY, FL 33565
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. MCLENDON ST. PLANT CITY, FL 33563

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01/11/08-80023-012 61.25

**DO NOT WRITE  
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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 President 1-5-2008 813-757-9226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Shelby Bender