2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731921

FILED Jan 10, 2009 Secretary of State

Entity Name: EAST HILLSBOROUGH HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

605 N COLLINS ST PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

605 N COLLINS ST PLANT CITY, FL 33563

FEI Number: 59-1918624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENDER, SHELBY BENDER, SHELBY R MRS 1104 W CHERRY ST 1104 W CHERRY ST PLANT CITY, FL 33563 US PLANT CITY, FL 33563 US

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.

SIGNATURE: SHELBY R. BENDER 01/10/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BENDER, SHELBY BENDER, SHELBY R MRS Name: Name: 1104 W. CHERRY ST. Address: 1104 W. CHERRY ST. Address: City-St-Zip:

PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563

Title: () Delete Title: (X) Change () Addition PASSMORE, MARSHA Name: JORDAN, ROBERTA Name: Address: 803 W. REYNOLDS ST. Address: 506 PLANTERS WOOD City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition

BUCHMAN-WOLFF, BERYLE CAIN, BARBARA Name: Name:

2718 LAUREL OAKS DR. 102 WEST CALHOUN STREET Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: PLANT CITY, FL 33563

Title: () Delete Title: () Change () Addition

SANCHEZ, MARLENE Name: Name: Address: 2905 JAMES MELVIN DRIVE Address:

City-St-Zip: PLANT CITY, FL 33565 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

WOLFF, JACK PASSMORE, MARSHA Name: Name: 2718 LAUREL OAKS DR 803 WEST REYNOLDS STREET Address: Address:

City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: PLANT CITY, FL 33563

Title: () Delete Title: (X) Change () Addition DEMMING, GERALDINE JAMES, CAIN DR Name: Name:

Address: 704 W. MCLENDON ST. Address: 102 WEST CALHOUN STREET PLANT CITY, FL 33563 PLANT CITY, FL 33563 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELBY R. BENDER Ρ 01/10/2009