

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90717 007 ****61.25

DOCUMENT # 731921

1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip **33563** Country

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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 33566**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	EADY, CAROLYN
STREET ADDRESS	1222 S WIGGINS RD
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	VP <input type="checkbox"/> Delete
NAME	D'ALESSIO, GENEVIEVE
STREET ADDRESS	5201 S MUD LAKE RD
CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	KNOX, SYLVIA
STREET ADDRESS	4307 HWY 92 EAST
CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	S <input type="checkbox"/> Delete
NAME	HANEY, MARLENE
STREET ADDRESS	1114 N MARYLAND AVE
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	D <input type="checkbox"/> Delete
NAME	BARNHILL, DAVID
STREET ADDRESS	206 N COLLINS ST
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	D <input type="checkbox"/> Delete
NAME	JONES, JAMES
STREET ADDRESS	5302 S TURKEY CREEK RD
CITY-ST-ZIP	PLANT CITY FL 33567

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSIO, GENEVIEVE
STREET ADDRESS	5201 S.MUD LAKE ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, MARLENE
STREET ADDRESS	1114 N. MARYLAND AVENUE
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES
STREET ADDRESS	5302 S. TURKEY CREEK ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, ROBERTA
STREET ADDRESS	506 PLANTERS WOOD VALRICO, FL 33594
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, HAROLD
STREET ADDRESS	1903 W. OAK STREET
CITY-ST-ZIP	PLANT CITY, FL 33566

12. 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 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: *Genevieve D'Alessio* 4/3/03 813 757-9226

CR2E037 (10/02)