2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State
07-14-2005 90077 027 ****61.25

DOCUMENT # 735873

1. Entity Name
ORMOND BEACH HISTORICAL TRUST, INC.

20063634

Principal Place of Business	Mailing Address
38 E GRANADA BLVD ORMOND BEACH, FL 32176 US	38 E GRANADA BLVD ORMOND BEACH, FL 32176 US

07122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0199398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTROM, J D
38 E GRANADA BLVD
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name: Mary-Lu Leveroni
Street Address (P.O. Box Number is Not Acceptable): 38 E. Granada Blvd.
City: Ormond Beach **FL** Zip Code: 32176

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: Mary-Lu Leveroni Mary-Lu Leveroni Treasurer/Director 7/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AT BOSTROM, JAMES 11 BROOKSIDE CIR. ORMOND BEACH, FL 32174	☑ Delete XX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOHMAN, NANCY MRS. 733 W GRANADA BLVD ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP P/D	XX ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KIPP, GORDON 182 GROVE ST. ORMOND BEACH, FL 32174	XX ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOSTROM, J.D. 274 CUMBERLAND AVE. ORMOND BEACH, FL 32174	XX ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP T/D Mary-Lu Leveroni 1400 Ocean Shore Blvd. Ormond Beach, FL 32176	☐ Change XX ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, DAN 9 SUNSET BLVD. ORMOND BEACH, FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP S/D Schermer, Sue 1 John Anderson Dr #620 Ormond Beach, FL 32176	☐ Change XX ☑ Addition

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: Mary-Lu Leveroni Mary-Lu Leveroni Treasurer 7/11/05 386/677-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #