

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737177

FILED
Apr 26, 2009
Secretary of State

Entity Name: HERNANDO HISTORIC MUSEUM ASSOCIATION, INC.

Current Principal Place of Business:

601 MUSEUM COURT
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10572
BROOKSVILLE, FL 34603 US

New Mailing Address:

FEI Number: 59-2048498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLER, JOHN M.
224 N. BROAD ST.
BROOKSVILLE, FL 34605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DANIEL, RON PD
Address: 18650 LAKE LINDSEY RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD () Delete
Name: JACKSON, JOY TD
Address: 7157 HOPE HILL RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: JACKSON, VIRGINIA D
Address: 18417 LAKE LINDSEY RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: SD () Delete
Name: LATOURNEAU, BONNIE SD
Address: 2422 LEESON ST
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SHELDON, MARY TD
Address: 2615 ALLENWOOD ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARY SHELDON

TD

04/26/2009

Electronic Signature of Signing Officer or Director

Date