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

## **FILED** May 05, 2008 8:00 am Secretary of State

05-05-2008 90233 047 \*\*\*\*61.25

Mailing Address   P   D   D   T   D   D   T   D   D   T   D   D	DOCUMENT # 737932  1. Entity Name LAKE COUNTY HISTORICAL SOCIETY, INC.					05-05-2008	3 90233 047 ***	61.25
Substant April 5, etc.  Substant Chy & State	317 W MAIN ST	P O BOX 7800	US				inn kali san kan kali i	111204 BT 0118
City & State  Country  Country  S. Certificate or State Desired  \$8.75 Additional Fool Response of Current Registered Agent  Name  Nam	Principal Place of Business - No P.O. Box #     Mailing Address							
S9-1717137   Not Applicable   \$8, 75 Additional   \$8, 75 Additio	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01072008	Chg-NP	CR2E037 (12/06)	
Signature Special and Address of Corrent Registered Agent  7. Name and Address of Corrent Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  No.   Name   No.	City & State City & State		· · · · · · · · · · · · · · · · · · ·			137		<del>```````</del>
Name No.1 Kelly Street Address (P.O. Box Number is Not Acceptable)  Tovores FL 20 Code  Street Address (P.O. Box Number is Not Acceptable)  City Tovores FL 20 Code  Tovores FL 20 Code  Street Address (P.O. Box Number is Not Acceptable)  City Tovores FL 20 Code  Tovores FL 20 Code  Street Address (P.O. Box Number is Not Acceptable)  City Tovores FL 20 Code  Tovores FL 20 Code  Street Address (P.O. Box Number is Not Acceptable)  City Tovores FL 20 Code  Tovores FL 20 Code  Street Address (P.O. Box Number is Not Acceptable)  Filling Foe is \$61.25  Due by May 1, 2008  Street Address (P.O. Box Number is Not Acceptable)  Filling Foe is \$61.25  Due by May 1, 2008  Street Address (P.O. Box Number is Not Acceptable)  Trust Fund Contribution.  Added to Fees  Filling Foe is \$61.25  Due by May 1, 2008  Street Address (P.O. Box Number is Not Acceptable)  Trust Fund Contribution.  Added to Fees  Filling Foe is \$61.25  Due by May 1, 2008  Make check payable to be partment of State  Filling Foe is \$61.25  Due by May 1, 2008  Nake  GRENIER, ROBERT  GRENIER, ROBERT  TAVARES, FL 32778  Time  Time  Time  Time  Time  Street Address (P.O. Box Number is Not Acceptable)  Time  Nake  Street Address (P.O. Box Number is Not Acceptable)  Time  Nake  Street Address (P.O. Box Number is Not Acceptable)  Time  Nake  Street Address (P.O. Box Number is Not Acceptable)  Time  Nake  Street Address (P.O. Box Number is Not Acceptable to Person	Zip Country	Zip	Country		5. Certificate of	Status Desired		
WATKINS, JAMES C.  55 W. MAIN STREET TAVARES, FL  Street Address P.O. Bo Number is Not Acceptable)  City Tovares  City Tovares  City Tovares  City Tovares  FL 25 Code 33778  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. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the familiar with, and accept the familiar with and ac	8. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
Stower Address (P.O. Box Number is Nat Acceptable)  Tavares, F.L.  Signature  Title people is \$81.25 Due by May 1, 2008  Pilling Fee is \$81.25 Due by May 1, 2008  Pilling Fee is \$81.25 Due by May 1, 2008  Pilling Fee is \$81.25 Due by May 1, 2008  Trust Fund Contribution.  Title  Pilling Fee is \$81.25 Due by May 1, 2008  Pilling Fee is \$81.25 Due by Make check payable to appropriate to appro	WATKINS JAMES C		1	Name Neil Kelly				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Superary lend or prhor rights of registered agent.  PIIIng Poe is \$81.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  III.E PARKET ROBERT SIRE! AUGUSS SIRE! AUGUSS CITY-SI-2P  TITLE  VP HANJA, JAMIE SIRE! AUGUSS CITY-SI-2P  TAVARES, FL 32778  TITLE WASTER AUGUSS CITY-SI-2P  TAVARES, FL 34731  Delete  TITLE WASTER AUGUSS CITY-SI-2P  TREE MORES SIRE! AUGUSS CITY-SI-2P  TOVOYES  FULL HALL STREET AUGUSS CITY-SI-2P  TOVOYES  SIRE! AUGUSS CITY-SI-2P  TOVOYES  CHANGE SIRE! AUGUSS CITY-SI-2P  TOVOYES  CHANGE SIRE! AUGUSS CITY-SI-2P  TOVOYES  SIRE! AUGUSS CITY-SI-2P  TOVOYES  SIRE! AUGUSS CITY-SI-2P  Change Addition  MASE SIRE! AUGUSS CITY-SI-2P  TOVOYES  SIRE! AUGUSS CITY-SI-2P  Change Addition  MASE SIRE! AUGUSS CITY-SI-2P  Change Change Addition  Augus Change	550 W. MAIN STREET		Stree					
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CITY-ST-ZIP CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete	11.  TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES STREET ADDRES STREET ADDRES	T Neisson Ta	ADDITIONS/CHAI	Street	RS AND DIRECTORS II  Change  Change  Change	N 10 Addition Addition Addition Addition

The examptions 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 outh; 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:

oneer Bob Grenier 4130/3008

352 313 9890