2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 737932

Entity Name: LAKE COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

317 W MAIN ST
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7800
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-1717137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEIL, KELLY
550 W. MAIN STREET
TAVARES, FL 32778 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: P ( ) Delete
Name: GRENIER, ROBERT
Address: 681 WOODVIEW DR.
City-St-Zip: TAVARES, FL 32778

Title: VP ( ) Delete
Name: HANJA, JAMIE
Address: 13706 VIA ROMA CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete
Name: NEIL, KELLY
Address: 550 W. MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete
Name: KING, HOWARD
Address: 5772 MICHELLE LANE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HANJA, JAMIE
Address: 13706 VIA ROAM CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change ( ) Addition
Name: STIVENDER, DEBBIE
Address: P.O. BOX 1414
City-St-Zip: TAVARES, FL 32778

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: JAMIE HANJA PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date