

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746145

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA STATE REENACTMENT SOCIETY INC.

**Current Principal Place of Business:**

2768 TRAMANTO ST  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

2768 TRAMANTO ST  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** 59-1939580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEINHART, CAROL  
2768 TRAMANTO ST  
DELTONA, FL 32738 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  
Name: HENRY, EDWARD  
Address: 1247 ALCAZAR STREET  
City-St-Zip: PALM BAY, FL 32809

Title: VT  
Name: WEINHART, VERNON  
Address: 2768 TRAMANTO ST  
City-St-Zip: DELTONA, FL 32738

Title: S  
Name: JETT, JUDY  
Address: 2960 BAILEY AVENUE  
City-St-Zip: SANFORD, FL 32773

Title: D  
Name: SHOGREN, ANDY  
Address: 1011 CRESTVIEW LANE  
City-St-Zip: CASSELBERRY, FL 32766

Title: D  
Name: WEINHART, CAROL M  
Address: 2768 TRAMANTO STREET  
City-St-Zip: DELTONA, FL 32738

Title: D  
Name: COBB, DANA  
Address: 2206-41ST STREET.  
City-St-Zip: BRADENTON, FL 34205

I hereby 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 all other like empowered.

SIGNATURE: VERNON G. WEINHART

VT

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date