2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 757638

1. Entity Name
THE H. B. PLANT RAILROAD HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
605 N. COLLIUS STREET PLANT CITY, FL 33563	605 N. COLLIUS STREET PLANT CITY, FL 33563

DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2032129

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOOPES, PAUL R.
2703 GRANDVIEW PLACE
BRANDON, FL 33511

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JANKOWICH, JOHN
STREET ADDRESS	827 ELIAZABETH LANE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	V
NAME	NOTHDORF, RANDY
STREET ADDRESS	5909 HIGH GLEN DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	TD
NAME	HOOPES, PAUL
STREET ADDRESS	2703 GRANDVIEW PLACE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	SD
NAME	THOMAS, JR., GILBERT
STREET ADDRESS	4840 WILLIAMS TOWN BLVD
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80023-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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: _____ 1-8-08 813.685.5265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #