

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766663

FILED
Jun 25, 2009
Secretary of State

Entity Name: PALM HARBOR HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

2043 CURLEW RD
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1888
PALM HARBOR, FL 34682 US

New Mailing Address:

2043 CURLEW RD
PALM HARBOR, FL 34683 US

FEI Number: 59-3246072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JENKINS, ROSE M
34650 US HWY 19 N
SUITE 108
PALM HARBOR, FL 34684 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: SMITH, MURRAY
Address: 3427 MCGREGORDR
City-St-Zip: PALM HARBOR, FL 34684 US

Title: S () Delete
Name: POLASKI, FRANK
Address: 2041 CURLEW RD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: T () Delete
Name: MOISE, TERESA
Address: 2374 ORANGESIDE RD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP () Delete
Name: MOZINA, KITTY
Address: 4417 WORTHINGTON CT
City-St-Zip: PALM HARBOR, FL 34685 US

Title: PP (X) Delete
Name: JONES, CHARLES A
Address: 911 MANNING RD
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORTNER, TERRY
Address: PO BOX 653
City-St-Zip: OZONA, FL 34660 US

Title: VP (X) Change () Addition
Name: CLARK, RIC
Address: PO BOX 11
City-St-Zip: OZONA, FL 34660 US

Title: T (X) Change () Addition
Name: POPPICK, ROBYN
Address: 772 GLENGARY LANE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: S (X) Change () Addition
Name: CAMPOLI, ELAINE
Address: 1353 CAMELOT COURT
City-St-Zip: PALM HARBOR, FL 34684

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: ROBYN POPPICK

TREA

06/25/2009

Electronic Signature of Signing Officer or Director

Date