2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768212

FILED Apr 26, 2009 Secretary of State

Entity Name: EUSTIS HISTORICAL MUSEUM & PRESERVATION SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

536 N. BAY STREET EUSTIS, FL 32726

Current Mailing Address: New Mailing Address:

536 N. BAY STREET EUSTIS, FL 32726

FEI Number: 59-2351008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HOUDER-ERSKINE, WENDY J
3810 BAYSHORE CIRCLE
TAVERES, FL 32778 US

MORRIS, TAMMY L CURATOR
795 MARION DRIVE
MOUNT DORA, FL 32757 US

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: TAMMY L. MORRIS 04/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

1107 SPRUCE COURT

TAVARES, FL 32778

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GILLIES, JIM BLANKENSHIP, MELANIE A Name: Name: 1233 TYRIGAM ROAD Address: 1748 LAKE TERRACE DRIVE Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726 Title: Title: () Delete () Change () Addition CARTER, LOUISE Name: Name: Address: P.O. BOX 350522 Address: City-St-Zip: GRAND ISLAND, FL 32735 City-St-Zip: Title: () Delete Title: () Change () Addition MCCLELLAN, BETTY Name: Name: Address: 702 SUMMIT Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: () Delete Title: Title: () Change () Addition BLANKENSHIP, JOHN MR Name: Name: 1748 LAKE TERRACE DR Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: Title: () Delete Title: () Change () Addition RYAN, ROBERT D Name: Name:

Title: D () Delete Title: () Change () Addition Name: DENLINGER, BOBBIE Name:

Address: 100 FROST WAY Address:
City-St-Zip: EUSTIS, FL 32726 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.

Address:

City-St-Zip:

SIGNATURE: JOHN BLANKENSHIP T 04/26/2009