2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006160

Entity Name: THE HENRY NEHRLING SOCIETY, INC.

FILED Feb 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 884 GOTHA, FL 34734 **Current Mailing Address: New Mailing Address:** PO BOX 884 GOTHA, FL 34734 FEI Number: 59-3617338 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: DECKER, NANCY PHD 789 NOGHT OWL LANE WINTER SPRINGS, FL 32708 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NICKESON, KEN Name: Name: 9627 WESTOVER ROBERTS RD Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: () Delete Title: () Change () Addition VAN DEVENTER, TED Name: Name: Address: 1550 COLUSO DR Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: VPD () Delete Title: () Change () Addition THOMAS, JIM Name: Name: Address: 14908 TILDEN RD Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: JOHNSON, CAROL Name: 16605 SANDHILL RD Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition PATTERSON, CARL KEN, NICKESON Name: Name: 219 W 3RD AVE 9627 WESTOVER ROBERTS ROAD Address: Address: WINDERMERE, FL 347868519 City-St-Zip: City-St-Zip: WINDERMERE, FL 347868129 Title: () Delete Title: () Change () Addition ARDAMAN, KURT Name: Name: Address: 170 E WASHINGTON Address: ORLANDO, FL 328012397 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KENNETH E NICKESON PD 02/12/2004