

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006160

FILED
Apr 04, 2005
Secretary of State

Entity Name: THE HENRY NEHRLING SOCIETY, INC.

Current Principal Place of Business:

PO BOX 884
GOTHA, FL 34734

New Principal Place of Business:

Current Mailing Address:

PO BOX 884
GOTHA, FL 34734

New Mailing Address:

FEI Number: 59-3617338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECKER, NANCY PHD
789 NOGHT OWL LANE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

DECKER, NANCY PHD
789 NIGHT 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: NANCY DECKER

04/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICKESON, KEN
Address: 9627 WESTOVER ROBERTS RD
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: VAN DEVENTER, TED
Address: 1550 COLUSO DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: THOMAS, JIM
Address: 14908 TILDEN RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: JOHNSON, CAROL
Address: 16605 SANDHILL RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: KEN, NICKESON
Address: 9627 WESTOVER ROBERTS ROAD
City-St-Zip: WINDERMERE, FL 347868129

Title: D () Delete
Name: ARDAMAN, KURT
Address: 170 E WASHINGTON
City-St-Zip: ORLANDO, FL 328012397

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WITHERS, ANGELA
Address: 712 MAIN ST
City-St-Zip: WINDERMERE, FL 34786

Title: VPD (X) Change () Addition
Name: SCHRETMANN-MYERS, THERESA
Address: 2713 TRYON PLACE
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: NEFF, MICHAEL
Address: P.O. BOX 165
City-St-Zip: GOTHA, FL 34734

Title: T (X) Change () Addition
Name: MCCORMACK, R. BRIAN
Address: 2539 CARTER GROVE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
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: MICHAEL NEFF

SD

04/04/2005

Electronic Signature of Signing Officer or Director

Date