

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006160

FILED
Mar 28, 2007
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:

712 MAIN ST.
WINDERMERE, FL 34786

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 NIGHT OWL LANE
WINTER SPRINGS, FL 32708 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: PD () Delete
Name: WITHERS, ANGELA M
Address: 712 MAIN ST
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: SCHRETZMANN-MYERS, THERESA
Address: 2713 TRYON PLACE
City-St-Zip: WINDERMERE, FL 34786

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

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

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

Title: D () Delete
Name: KLARE, KATHLEEN
Address: 303 EAST 7TH AVENUE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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: MICHAEL NEFF

SD

03/28/2007

Electronic Signature of Signing Officer or Director

Date