

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N00000006160

Entity Name: THE HENRY NEHRLING SOCIETY, INC.

Current Principal Place of Business:

712 MAIN ST.
WINDERMERE, FL 34786

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 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: SCHRETMANN-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: OLTMAN, BERWYN
Address: 622 PALOMAS AVE
City-St-Zip: OCOEE, FL 34761

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SCOTT, ELLEN
Address: 388 BEECHWOOD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: T (X) Change () Addition
Name: UHL, PAT
Address: 109 MAIN ST
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 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

D

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date