2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00840

FILED Jun 16, 2005 Secretary of State

Entity Name: USEPPA ISLAND HISTORICAL SOCIETY, INC.

Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address	lew Principal Place of Business:	New Prince	Current Principal Place of Business:	
Current Mailing Address: P O BOX 640 PO BOX			340	PO BOX 640
CORDINATIONS (Control of Status Desire and Address of Status Desire and Address of Status Desire and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and ad	lew Mailing Address:	New Maili	•	·
Name and Address of Current Registered Agent: Name and Address of New Registered Agent. Name and address of N			340	PO BOX 640
CUMMINS, PHYLLIS 33115 MAIN STREET 30KEELIA, FL 33922 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	prior notice.	orporation did not receive the prior notic	ice with s. 607.193(2)(b), F.S., the corp	n accordance v
In the State of Florida. SIGNATURE: Electronic Signature of Registered Agent			S, PHYLLIS N STREET	CUMMINS, P 3115 MAIN S
Electronic Signature of Registered Agent Difficers AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Ititle: D () Delete Name: SUMWALT, BARBARA, Address: PO BOX 640 N/A City-St-Zip: BOKEELIA, FL SD () Delete Name: SMITH, MARSHA Address: SOUGARBIELS LANDING RD City-St-Zip: OXFORD, MD City-St-Zip: City-St-Zip	changing its registered office or registered agent, or both,	ement for the purpose of changing i		
DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DII Title: D () Delete Title: D (X) Change () Addition Name: KATHLEEN STOCKER, Address: PO BOX 640 N/A Address: PO BOX 640 N/A City-St-Zip: BOKEELIA, FL Title: SD () Delete Title: Name: SMITH, MARSHA Address: 5050 GARBIELS LANDING RD City-St-Zip: OXFORD, MD Title: D () Delete Title: () Change () Addition Name: Name: Name: BERGSTEN, SALLY Name: MILLER, PAUL Name: MILLER			RE:	SIGNATURE:
Title: D () Delete Title: D (X) Change () Addition Name: SUMWALT, BARBARA, Address: PO BOX 640 N/A Address: BOX () Delete Title: () Change () Addition Name: Address: Dity-St-Zip: DOXFORD, MD Address: DOXFORD, MD City-St-Zip: DOXFO	Date	Registered Agent	Electronic Signature of Re	
Name: SUMWALT, BARBARA, Address: PO BOX 640 N/A BOKEELIA, FL City-St-Zip: City-St-Z	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	ADDITION	S AND DIRECTORS:	OFFICERS A
Name: SMITH, MARSHA Name: Address: 5050 GARBIELS LANDING RD Address: City-St-Zip: OXFORD, MD City-St-Zip: Fitle: D () Delete Title: () Change () Addition Name: Address: BRIGHAM RD. Address: City-St-Zip: GATES MILLS, OH City-St-Zip: Fitle: P () Delete Title: () Change () Addition Name: Address: City-St-Zip: GATES MILLS, OH City-St-Zip: GATES MILLS, OH Title: () Change () Addition Name: MILLER, PAUL Name: Address: City-St-Zip: GLADWYNE, PA City-St-Zip: GLADWYNE, PA Title: () Change () Addition Name: Address: City-St-Zip: GLADWYNE, PA City-St-Zip: Mame: CUMMINGS, PHILLIS Name: Address: 8115 MAIN STREET Address: Addres	ame: KATHLEEN STOCKER, ddress: PO BOX 640 N/A	Name: Address:	SUMWALT, BARBARA, PO BOX 640 N/A	Name: S Nddress: P
Name: BERGSTEN, SALLY Address: BRIGHAM RD. Address: City-St-Zip: GATES MILLS, OH Fitle: P () Delete Title: () Change () Addition Name: MILLER, PAUL Address: 115 MAPLE HILL RD City-St-Zip: GLADWYNE, PA Fitle: T () Delete Title: () Change () Addition Name: CUMMINGS, PHILLIS Name: CUMMINGS, PHILLIS Address: 8115 MAIN STREET Name: Address:	ame: ddress:	Name: Address:	SMITH, MARSHA 5050 GARBIELS LANDING RD	Name: S Address: 5
Name: MILLER, PAUL Name: Address: 115 MAPLE HILL RD Address: City-St-Zip: GLADWYNE, PA City-St-Zip: Title: T () Delete Title: () Change () Addition Name: CUMMINGS, PHILLIS Name: Address: 8115 MAIN STREET Address:	ame: ddress:	Name: Address:	BERGSTEN, SALLY BRIGHAM RD.	Name: B Nddress: B
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	ame: ddress:	Name: Address:	CUMMINGS, PHILLIS 8115 MAIN STREET	Name: C Address: 8
Fitle: D () Delete Title: () Change () Addition Name: FORMOSA, VINCENT Name: Address: P.O. BOX 640 N/A Address: City-St-Zip: BOKEELIA, FL City-St-Zip:	ame: ddress:	Name: Address:	FORMOSA, VINCENT P.O. BOX 640 N/A	Name: F Nddress: P

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: PHYLLIS CUMMINS T 06/16/2005