## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001211

FILED Jan 25, 2007 Secretary of State

Entity Name: HISTORICAL SOCIETY OF GREATER SUN CITY CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1811 FT DUQUESNA DR SUN CITY CENTER, FL 33573 **Current Mailing Address: New Mailing Address:** P.O. BOX 5192 SUN CITY CENTER, FL 335715192 FEI Number: 14-1861149 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: MELOY, DOROTHY M BOWKER, JOHN D 708 THÚNDERBIRD AVE 1811 FT DUQUESNA DR SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 US 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: JOHN D BOWKER 01/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ARMSTRONG, MARIAN P Name: Name: 225 COURTYARDS BLVD, APT 105 Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: () Change () Addition BOWKER, JOHN D Name: Name: Address: 1811 FT DUQUESNA DR Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, PATRICIA A Name: Name: 1810 COLUMBINE PL Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: LANGE, PHIL Name: 101 TRINITY LAKES DR APT 764 Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LOWER, MARTHA PERKINS, JOHN Name: Name: 2413 EMERALD LAKES DR APT 106 1502 NEW BEDFORD DR Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: (X) Delete Title: () Change () Addition MELOY, DOROTHY M Name: Name: Address: 708 THUNDERBIRD AVE Address: SUN CITY CENTER, FL 33573 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 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: JOHN D BOWKER D 01/25/2007