
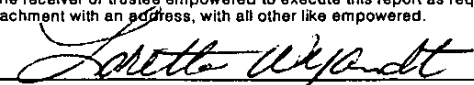


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90293 023 ****61.25

DOCUMENT # N03000004397 1. Entity Name OLDSMAR HISTORICAL SOCIETY, INC.					
Principal Place of Business % LORETTA WYANDT 101 STATE STREET WEST OLDSMAR, FL 34677			Mailing Address % LORETTA WYANDT 101 STATE STREET WEST OLDSMAR, FL 34677		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2347112	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WYANDT, LORETTA 601 SHORE DRIVE EAST OLDSMAR, FL 34677			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYANDT, LORETTA		NAME		
STREET ADDRESS	601 SHORE DRIVE EAST		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, HOPE		NAME		
STREET ADDRESS	600 SHORE DR.W, P.O. BOX 2812		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	STD		TITLE	TD	
NAME	BOHR, JANE		NAME	sandy sears	
STREET ADDRESS	505 OAKLEAF BLVD		STREET ADDRESS	324 shore dr. r.	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	p.o. bx.43	
TITLE	D		TITLE		
NAME	JEAN, CLAUDE		NAME		
STREET ADDRESS	103 ARLINGTON		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, KENNETH		NAME		
STREET ADDRESS	209 LEE STREET		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	SD		TITLE	ROBERTA WEBER	
NAME	CHAPMAN, LYNN		NAME	101 state street	
STREET ADDRESS	305 BAYVIEW BLVD		STREET ADDRESS	OLDSMAR, FL.	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/06/06 (813-855-1931)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		