2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State

DOCUMENT # N0300004397 1. Entity Name OLDSMAR HISTORICAL SOCIETY, INC.				260	01-16-2007 90187 036 ****61.25			
Principal Place of Business % LORETTA WYANDT 101 STATE STREET WEST OLDSMAR, FL 34677		Mailing Address % LORETTA WYANDT 101 STATE STREET WEST OLDSMAR, FL 34677		I HI RII CON BILL	RIFE INN EDIN FRIM ECH	. 88111 88111 81888 1118 18111 1		
2. Principal Place of Business - No P.O. Box # 3. Mailin		3. Mailing Address	alling Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 56-2347		}	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	f Status Desired	□ \$8.75 Ad Fee Requin		
	6. Name and Address of Current	Registered Agent		7. Name and /	Address of New Ro	egistered Agent		
WYANDT, LORETTA			Name	Name				
601 SHORE DRIVE EAST OLDSMAR, FL 34677			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
			0.4					
<u>.</u>			City	City FL Zip Code				
	named entity submits this statement for clons of registered agent.	the purpose of changing its re	egistered office or	registered agent, or both	, in the State of Flo	rida. I am familiar with	, and accept	
SIGNATURE Signature, typed or printed heme of registered agent and title if applicable. (NOTE: Registered Agent signature)					Store.		07	
	organica, types or printed the total and against	no true ir applicable. (NOTE: F	Registered Agent signatur	re required when reinstating)		DATE /		
	Filing Fee is \$81.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be Added to Fees		ake check payable ida Department of S		
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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: SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR DELETOR Date Description of Deletor Description of Description