

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90018 026 ****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 - No P.O. Box #

400 St. Pete Dr. E

3. Mailing Address

400 St. Pete Dr. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01082008

Chg-NP

CR2E037 (12/06)

City & State

Oldsmar FL

City & State

Oldsmar FL

4. FEI Number

56-2347112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYANDT, LORETTA
601 SHORE DRIVE EAST
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WYANDT, LORETTA
STREET ADDRESS 601 SHORE DRIVE EAST
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE VD ☐ Delete
NAME JEAN, CLAUDE
STREET ADDRESS 103 ARLINGTON
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE TD ☐ Delete
NAME SEARS, SANDY
STREET ADDRESS 324 SHORE DR R. PO BOX 43
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☐ Delete
NAME BOHR, JANE
STREET ADDRESS 505 OAKLEAF BLVD
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☐ Delete
NAME HARRIS, KENNETH
STREET ADDRESS 209 LEE STREET
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE SD ☐ Delete
NAME KNIFFIN, CHAR
STREET ADDRESS 414 ARLINGTON AVE E
CITY-ST-ZIP OLDSMAR, FL 34677

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Loretta Wyandt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-08 (813) 855-AR31