

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004397

FILED
Jan 22, 2009
Secretary of State

Entity Name: OLDSMAR HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

% LORETTA WYANDT
400 ST PETE DR E
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

% LORETTA WYANDT
400 ST PETE DR E
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 56-2347112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYANDT, LORETTA
601 SHORE DRIVE EAST
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WYANDT, LORETTA
Address: 601 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 34677

Title: VD () Delete
Name: JEAN, CLAUDE
Address: 103 ARLINGTON
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: SEARS, SANDY
Address: 324 SHORE DR R. PO BOX 43
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: BOHR, JANE
Address: 505 OAKLEAF BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: HARRIS, KENNETH
Address: 209 LEE STREET
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Delete
Name: KNIFFIN, CHAR
Address: 414 ARLINGTON AVE E
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SEARS, SANDRA A
Address: 324 SHORE DR R. PO BOX 43
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change () Addition
Name: MANNY, EDWARD
Address: 201 SHORE DR E
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA A. SEARS

TD

01/22/2009

Electronic Signature of Signing Officer or Director

Date