

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90038 002 *****8.75
02-22-2005 90038 001 *****61.25

DOCUMENT # N04000004070 1. Entity Name HISTORICAL SOCIETY OF PENNEY FARMS, INC.					
Principal Place of Business 4100 CLARK AVE PENNEY FARMS, FL 32079-1041			Mailing Address P.O. BOX 1041 PENNEY FARMS, FL 32079-1041		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PENNEY, AUDREY J 3435 MORTON ST #301-E PENNEY FARMS, FL 32079				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P PENNEY, AUDREY J P.O. BOX 128 PENNEY FARMS, FL 32079 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNEY, AUDREY J P O BOX 1028 PENNEY FARMS, FL 32079 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, ELIZABETH J BETTY 3435 MORTON ST #301-E PENNEY FARMS, FL 32079 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, ELIZABETH J. BETTY P O BOX 287 PENNEY FARMS, FL 32079 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB TIBBETTS, ORLANDO L P.O. BOX 828 PENNEY FARMS, FL 32079 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMMIE LEE THOMAS P O BOX 161 PENNEY FARMS, FL 32079 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Audrey J Penney</u>			Date: <u>2/12/05</u> Daytime Phone: _____		

CHK 3773 61.25
CHK 3776 8.75