

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**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**



03072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0868267**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PENNEY, AUDREY J  
3435 MORTON ST #301-E  
PENNEY FARMS, FL 32079**

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PENNEY, AUDREY J
STREET ADDRESS	PO BOX 1028
CITY- ST- ZIP	PENNEY FARMS, FL 32079
TITLE	S
NAME	THOMAS, ELIZABETH J BETTY
STREET ADDRESS	PO BOX 287
CITY- ST- ZIP	PENNEY FARMS, FL 32079
TITLE	COB
NAME	TIBBETTS, ORLANDO L
STREET ADDRESS	P.O. BOX 828
CITY- ST- ZIP	PENNEY FARMS, FL 32079
TITLE	VP
NAME	DEVILLE, THOMAS E
STREET ADDRESS	PO BOX 413
CITY- ST- ZIP	PENNEY FARMS, FL 32079
TITLE	T
NAME	SAUNDERS, MYTZI T
STREET ADDRESS	P.O. BOX 01
CITY- ST- ZIP	PENNEY FARMS, FL 32079
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000876180  
04/11/08-80064-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/08**  
Date

**904/284-8859**  
Daytime Phone #