2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N05000012895 04-24-2006 90409 010 ****61 25 1. Entity Name HISTORIC SANFORD WELCOME CENTER, INC. 4000 Principal Place of Business Mailing Address **508 SANFORD AVENUE 508 SANFORD AVENUE** SANFORD, FL 32771 SANFORD, FL 32771 2. Principal Place of Business 3. Mailing Address 10 Box 262 230 FIRST STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Janton? 02-0763206 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDS, STEVEN RAY ess (P.O. Box Number is Not Acceptable) Street Addi 2204 SOUTH OAK AVENUE SANFORD, FL 32771 SANFORD Zip Code ろンクリ 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 significate required when reinstating) 9. Election Campaign Financing Filling Fee Is \$61.25 \$5.00 May Be Make check payable to П Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ☐ Addition TILE ☐ Delete RICHARDS, STEVEN RAY NAME NAME STREET ADDRESS 2204 SOUTH OAK AVENUE STREET ADDRESS SANFORD, FL 32771 CITY-ST-ZIP CITY-ST-ZIP VPD VPD ☐ Addition TITLE ☐ Delete TITLE **Change** HOUSE, KIMBERLY NAME NAME KIM House STREET ADDRESS 1107 SOUTH OAK AVENUE STREET ADDRESS P. O. Box 271 City-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP 32772 SAMFORD FL MLE Delete MLE (Change Addition KAlhy-Lynn Dachowski DACHOWSKI, KATHY-LYNN NAME NAME 1107 South DAK AVE 1107 SOUTH OAK AVENUE STREET ADDRESS STREET ADDRESS SANFORD, FL 32771 CITY-ST-ZIP SANFORD, FL CITY-ST-ZIP 32771 TITLE ☐ Change Addition TITLE Delete SOLLEN, NECIA J NAME Rebecca Rose Murphy P.O. Box 774 NAME STREET ADDRESS **508 SANFROD AVENUE** STREET ADDRESS SANFORD, FL 32771 CITY-ST-ZIP CITY-ST-7IP SANFORD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZEP 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 any address, with all other like empowered.

SIGNATURE: _

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED