2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 22, 2009
Secretary of State

DOCUMENT# N05000012895

Entity Name: HISTORIC SANFORD WELCOME CENTER, INC.

Current Principal Place of Business:

230 FIRST STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P O BOX 2621
SANFORD, FL 32772

New Mailing Address:

FEI Number: 02-0763206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUSE, KIM
118 PALMETTO AVE
SANFORD, FL 32771 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: VPD ( ) Delete
Name: HOUSE, KIMBERLY
Address: P O BOX 271
City-St-Zip: SANFORD, FL 32772

Title: T ( ) Delete
Name: DACHOWSKI, KATHY-LYNN
Address: 1107 SOUTH OAK AVENUE
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete
Name: CHUSMIR, MARJORIE L
Address: 823 PARK AVE
City-St-Zip: SANFORD, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: ANDERSON, KATHY-LYNN
Address: 1107 SOUTH OAK AVENUE
City-St-Zip: SANFORD, FL 32771

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

Title: P ( ) Change (X) Addition
Name: RICHARDS, STEVEN
Address: 611 BRIARCLIFFE STREET
City-St-Zip: SANFORD, FL 32773

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: STEVEN RICHARDS P 10/22/2009

Electronic Signature of Signing Officer or Director — Date