## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006782

FILED Jun 07, 2009 Secretary of State

Entity Name: HOLLY HILL HISTORIC PRESERVATION SOCIETY, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
1065 RIDO	GEWOOD AVE. LL, FL 32117	new i interpat i face of Basiness.
Current N	lailing Address:	New Mailing Address:
	GEWOOD AVE. LL, FL 32117	P O BOX 250704 HOLLY HILL, FL 32117
n accordan	: 42-1691772 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did I Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.  Name and Address of New Registered Agent:
	, DEAN ER AVENUE LL, FL 32117 US	
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
SIGNATUI	RE:Electronic Signature of Registered A	gent Date
SIGNATUI Officer:		gent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
	Electronic Signature of Registered A	•
<b>OFFICER</b> : Title: Name: Address:	Electronic Signature of Registered A S AND DIRECTORS:  P () Delete WIGGINS, DEAN 450 CENTER AVENUE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered A S AND DIRECTORS:  P () Delete WIGGINS, DEAN 450 CENTER AVENUE HOLLY HILL, FL 32117  V () Delete ROWE, DAVID 900 MAY AV	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
OFFICER:  Name: Address: City-St-Zip:  Fitle: Name: Address: City-St-Zip:  Fitle: Name: Address: Address: Name: Address:	Electronic Signature of Registered A  S AND DIRECTORS:  P () Delete WIGGINS, DEAN 450 CENTER AVENUE HOLLY HILL, FL 32117  V () Delete ROWE, DAVID 900 MAY AV HOLLY HILL, FL 32117  S () Delete DUNN, DENNIS 409 DAYTONA AVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: S (X) Change ( ) Addition  Name: HOLT, THELMA  Address: 318 RIVERSIDE DR

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: DEAN WIGGINS P 06/07/2009