

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013127

FILED
Apr 15, 2009
Secretary of State

Entity Name: GREENACRES HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

525 SWAIN BLVD
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

525 SWAIN BLVD
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 87-0792217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, ROBERT P TREASUE
439 SWAIN BLVD
GREENACRES, FL 33463 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: P () Delete
Name: FRIEDMAN, ESTELLE
Address: 3820 SOUTH 55TH AVENUE
City-St-Zip: GREENACRES, FL 334633243

Title: VP () Delete
Name: MELOGRANO, FRANK
Address: 5775 FERNLEY DRIVE WEST #106
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: TURSO, BETTY
Address: 4294 EMPIRE WAY
City-St-Zip: GREENACRES, FL 33463

Title: T () Delete
Name: CLEMENTS, ROBERT P TRES
Address: 439 SWAIN BLVD
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: FORD, GILBERT
Address: 6323 SUMMER SKY LANE
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: HOREY, ROBERT
Address: 2214 SOUNDINGS COURT
City-St-Zip: GREENACRES, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ROBERT P CLEMENTS

TRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date