2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001729

FILED May 05, 2009 Secretary of State

Entity Name: SOUTHWEST HISTORICAL ORGANIZATION OF RESOURCES AND EDUCATION, INC.

Current Pr	incipal Place of Business:	New Principal Place o	New Principal Place of Business:	
	RRY STREET OOD, FL 34223			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	RRY STREET OOD, FL 34223			
FEI Number: In accordance	77-0674338 FEI Number Applied For() e with s. 607.193(2)(b), F.S., the corporation did	•	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
604 W. PEI	JGENT, BETTY J RRY STREET OOD, FL 34223 US			
The above in the State	named entity submits this statement for the of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	PE:			
	Electronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete DAILEY NUGENT, BETTY J 604 W. PERRY STREET ENGLEWOOD, FL 34223	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete POLLARD, JIM 720 SUNCREST LANE ENGLEWOOD, FL 34223	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete POLLARD, MARSHA N 720 SUNCREST LANE ENGLEWOOD, FL 34223	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete MIHANEY, LORI-NAN 741 W. PERRY ST ENGLEWOOD, FL 34223	Title: (Name: Address: City-St-Zip:) Change ()Addition	

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: BETTY J. DAILEY NUGENT P 05/05/2009