

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009316

FILED
Apr 30, 2009
Secretary of State

Entity Name: HISTORICAL SOCIETY OF TAVARES INC.

Current Principal Place of Business:

121 ALFRED ST
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

121 ALFRED ST
TAVARES, FL 32778

New Mailing Address:

FEI Number: 38-3784602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRENIER, ROBERT
681 WOODVIEW DRIVE
TAVARES, FL 32778 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: D () Delete
Name: YOUNG, YVETTE
Address: 621 N NEW HAMPSHIRE AVE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: KENNEDY, WILLIAM
Address: 1785 SYLVAN POINT DRIVE
City-St-Zip: MT DORA, FL 32757

Title: D () Delete
Name: KING, CHARLENE
Address: 724 LAKE DORA DR
City-St-Zip: TAVARES, FL 32778

Title: O () Delete
Name: GRENIER, ROBERT
Address: 681 WOODVIEW DR
City-St-Zip: TAVARES, FL 32778

Title: V () Delete
Name: ODUMS, BERNICE
Address: P.O. BOX 633
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: SMITH, BRENDA
Address: 3800 LAKE ELSIE DRIVE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: MORRIS, LAVONDA
Address: 38144 INWOODS TRAIL
City-St-Zip: EUSTIS, FL 32736

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

Title: P (X) Change () Addition
Name: GRENIER, ROBERT
Address: 681 WOODVIEW DR
City-St-Zip: TAVARES, FL 32778

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 A. GRENIER

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date