

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N08000000085

Entity Name: FLORIDA HISTORY FOUNDATION, INC

Current Principal Place of Business:

1933 E 151ST A
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

1933 E 151ST A
LUTZ, FL 33549

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, MARY S
1933 E - 151 ST AVE
LUTZ, FL 33549 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/D () Delete
Name: BURKETT, KERRI T
Address: 1933 E - 151ST AVE
City-St-Zip: LUTZ, FL 33549 US

Title: VP/D () Delete
Name: BUTTS, CLIFTON A
Address: 4434 W TRILBY AVE
City-St-Zip: TAMPA, FL 33616

Title: S/T/ () Delete
Name: HOWELL, MARY S
Address: 1933 E 151ST AVE
City-St-Zip: LUTZ, FL 33549 US

Title: D () Delete
Name: BURKETT, IAN F
Address: 1933 E 151ST AVE
City-St-Zip: LUTZ, FL 33549 US

Title: D () Delete
Name: SCANDLING, ANN H
Address: 4434 TRILBY AVE
City-St-Zip: TAMPA, FL 33615 US

Title: D () Delete
Name: TOWNSON, KRISTI L
Address: 4434 W TRILBY AVE
City-St-Zip: TAMPA, FL 33616 US

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
Name:
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: MARY S HOWELL

S/T

04/30/2009

Electronic Signature of Signing Officer or Director

Date