


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90013 042 ****61.25

DOCUMENT # N08326					
1. Entity Name LEMON BAY HISTORICAL SOCIETY, INC.					
Principal Place of Business P.O. BOX 1245 ENGLEWOOD, FL 34295-1245			Mailing Address P.O. BOX 1245 ENGLEWOOD, FL 34295-1245		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0128230	
				Applied For <input type="checkbox"/> Not Applicable:	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEWIS, PATRICIA 100 WEST DEARBORN ST. ENGLEWOOD, FL 34223			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PATRICIA		NAME	PLATT, DON	
STREET ADDRESS	100 WEST DEARBORN ST.		STREET ADDRESS	1936 PENNSYLVANIA AVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUGENT, BETTY TOWNE		NAME	HUNTER, LORNA	
STREET ADDRESS	411 W. DEARBORN ST.		STREET ADDRESS	9201 DREW ST.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASCH, DIANE		NAME	GARRETT, CAROL	
STREET ADDRESS	1525 GULD BLVD		STREET ADDRESS	4522 CULBREATH AVE	
CITY-ST-ZIP	ENGLEWOOD, FL		CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, ESTHER		NAME	LEWIS, PATRICIA	
STREET ADDRESS	1017 BAY HARBOR DR.		STREET ADDRESS	100 WEST DEARBORN ST	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia Lewis</i>		PATRICIA LEWIS		Date: <i>2/14/04</i> Daytime Phone #: <i>941-861-1208</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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