


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90045 013 \*\*\*\*75.00

<b>DOCUMENT # N08326</b> 1. Entity Name LEMON BAY HISTORICAL SOCIETY, INC.	
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Principal Place of Business P.O. BOX 1245 ENGLEWOOD, FL 34295-1245	Mailing Address P.O. BOX 1245 ENGLEWOOD, FL 34295-1245
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**DO NOT WRITE IN THIS SPACE**



05152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0128230	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
LEWIS, PATRICIA 100 WEST DEARBORN ST. ENGLEWOOD, FL 34223	JAMES L. POLLARD 720 SUNCREST LN ENGLEWOOD, FL 34223

**DO NOT WRITE IN THIS SPACE**

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: James L. Pollard 7 May 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEWIS, PATRICIA 100 WEST DEARBORN ST. ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES L. POLLARD 720 SUNCREST LN ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PLATT, DON 1936 PENNSYLVANIA AVE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(SAME)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HUNTER, LORNA 8201 DREW ST ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BETTY J. NOGENT 604 W. PERRY ST. ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARRETT, CAROL 4522 CULBREATH AVE TAMPA, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHALES HICKS 425 N. OXFORD DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: James L. Pollard May 7, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #