

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12577

FILED
Mar 26, 2007
Secretary of State

Entity Name: HISTORIC MELROSE, INC.

Current Principal Place of Business:

P.O. BOX 704
MELROSE, FL 32666 US

New Principal Place of Business:

6419 LATCHSTRING RD
HMI
MELROSE, FL 32666 US

Current Mailing Address:

P.O. BOX 704
MELROSE, FL 32666 US

New Mailing Address:

FEI Number: 59-2743455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARROW, MARK
6419 LATCHSTRING CT.
MELROSE, FL 32666 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: PD () Delete
Name: SMITH, LAWS
Address: 61161 TROUT ST
City-St-Zip: MELROSE, FL 32666 US

Title: VP () Delete
Name: BARROW, MARK
Address: 6419 LATCH STRING CT
City-St-Zip: MELROSE, FL 32666

Title: T () Delete
Name: SMITH, WALTON
Address: 6435 LATCHSTRING RD
City-St-Zip: MELROSE, FL 32666 US

Title: S () Delete
Name: GIESEL, JEAN
Address: 6221 DOGWOOD LANE
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: HUNT, EL ROY
Address: 2721 S.W. 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: MARSHALL, JEAN
Address: P.O. BOX 2
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADKINS, MARY
Address: PO BOX 511
City-St-Zip: MELROSE, FL 32666 US

Title: VP (X) Change () Addition
Name: LAWS, SMITH
Address: 6116 TROUT ST
City-St-Zip: MELROSE, FL 32666

Title: T (X) Change () Addition
Name: PEEFFLEY, JAMES
Address: 6505 LATCHSTRING RD
City-St-Zip: MELROSE, FL 32666 US

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

Title: D (X) Change () Addition
Name: BARROW, MARK
Address: 6419 LATCHSTRING CT
City-St-Zip: MELROSE, FL 32666

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES PEEFFLEY

T

03/26/2007

Electronic Signature of Signing Officer or Director

Date