


**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90005 043 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N17925</b>					
1. Entity Name WINTER PARK HISTORICAL ASSOCIATION, INC.					
Principal Place of Business PO BOX 51 WINTER PARK, FL 32790		Mailing Address PO BOX 51 WINTER PARK, FL 32790			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06082004 Chg-NP CR2E037 (10/03)	
Zip		Zip		4. FEI Number 59-1664195	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
HAINES, JOHN DEM 716 N INTERLACHEN AVE WINTER PARK, FL 32789				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARGIO, NINA H	NAME			
STREET ADDRESS	457 LAKE HOWELL RD	STREET ADDRESS			
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP			
TITLE	DO <input checked="" type="checkbox"/> Delete	TITLE	DO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRITH, MARI	NAME	Ditt Warner		
STREET ADDRESS	1104 NOTTINGHAM ST	STREET ADDRESS	871 Virginia Drive		
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	WINTER Park, FL. 32789		
TITLE	DO <input checked="" type="checkbox"/> Delete	TITLE	DO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARCHMAN, KENNETH R	NAME	Karen James		
STREET ADDRESS	227 W PARK AVE	STREET ADDRESS	1551 Dale Ave.		
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	WINTER Park, FL. 32789		
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			
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: <u>Una Margio, Treasurer</u>		Date: <u>6/8/04</u>		Daytime Phone #: <u>407-571-4080</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**44046508**

