

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35130

FILED
Mar 16, 2007
Secretary of State

Entity Name: SANFORD HISTORIC TRUST, INC.

Current Principal Place of Business:

P.O. BOX 536
SANFORD, FL 32771

New Principal Place of Business:

BOX 536
SANFORD, FL 32771

Current Mailing Address:

P.O. BOX 536
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2978621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, CHRISTOPHER
411 MAGNOLIA AVE
SANFORD, FL 32771 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 () Delete
Name: KINNEY, ROBERT
Address: 1920 PARK AVE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: LONGEST, CAROLYN
Address: 719 S. MYRTLE AVENUE
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: YEBBA, MICHAEL J
Address: 2018 S. MELLONVILLE AVENUE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: CHUSMIR, MARGIE
Address: 823 PARK AVE
City-St-Zip: SANFORD, FL 32771

Title: BM () Delete
Name: SHREVE, MARIA
Address: 1118 PALMETTO AVENUE
City-St-Zip: SANFORD, FL 32771

Title: BM () Delete
Name: DIECKHAUS, HANK
Address: 1111 PALMETTO AVENUE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCLEOD, CHRIS
Address: 411 MAGNOLIA AVE
City-St-Zip: SANFORD, FL 32771

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

Title: T (X) Change () Addition
Name: PLENZLER, KEVIN J
Address: 706 S PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

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

Title: BM (X) Change () Addition
Name: KATHERINE, CROSON
Address: 402 S OAK AVE
City-St-Zip: SANFORD, FL 32771

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: CHRIS MCLEOD

P

03/16/2007

Electronic Signature of Signing Officer or Director

Date