

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35130

FILED
Apr 21, 2008
Secretary of State

Entity Name: SANFORD HISTORIC TRUST, INC.

Current Principal Place of Business:

BOX 536
SANFORD, FL 32771

New Principal Place of Business:

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: MCLEOD, CHRIS
Address: 411 MAGNOLIA 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: PLENZLER, KEVIN J
Address: 706 S PALMETTO AVE
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: KATHERINE, CROSON
Address: 402 S OAK AVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER MCLEOD

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date