

# 207 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000001188

1. Entity Name

HISTORIC HOMESTEAD TOWN HALL MUSEUM, INC.



Principal Place of Business

41 NORTH KROME AVENUE  
HOMESTEAD FL 33030

Mailing Address

C/O CITY OF HOMESTEAD-RICK STAUTS  
790 N HOMESTEAD BLVD  
HOMESTEAD FL 33030

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

65-0748170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, RUTH  
24 NE 12TH ST  
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

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

*Ruth Campbell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-8-07

FILE NOW: FEE IS \$61.25  
Due By September 5, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME OLESON, REX R  
STREET ADDRESS 31850 S.W. 195TH AVENUE  
CITY- ST- ZIP HOMESTEAD FL 33033

TITLE D ☐ Delete  
NAME CAMPBELL, RUTH L  
STREET ADDRESS 24 N.E. 12TH STREET  
CITY- ST- ZIP HOMESTEAD FL 33030

TITLE T ☐ Delete  
NAME WIGGINS, III, H. LARRY  
STREET ADDRESS 1400 JEFFERSON DR APT L  
CITY- ST- ZIP HOMESTEAD FL 33034

TITLE T ☐ Delete  
NAME BRYAN, ELIZABETH  
STREET ADDRESS 187 N.W. 20TH STREET  
CITY- ST- ZIP HOMESTEAD FL 33030

TITLE T ☐ Delete  
NAME DRYER, SUSAN  
STREET ADDRESS 29400 S.W. 179TH AVENUE  
CITY- ST- ZIP HOMESTEAD FL 33030

TITLE CDR ☐ Delete  
NAME JENSEN, ROBERT  
STREET ADDRESS 18640 SW 295TH TERR  
CITY- ST- ZIP HOMESTEAD FL 33030

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Adelaide Gonzalez  
STREET ADDRESS 27260 SW 165 Ave  
CITY- ST- ZIP Homestead FL 33031

TITLE ☐ Change ☒ Addition  
NAME LEVY, Jack B.  
STREET ADDRESS PO Box 770652  
CITY- ST- ZIP Ocala, FL 34477

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or changed, or on an attachment with an address, with all other like empowered