

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004228

FILED
Jul 05, 2005
Secretary of State

Entity Name: THE FLORIDA HISTORICAL LIBRARY FOUNDATION, INC.

Current Principal Place of Business:

435 BREBARD AVE
COCOA, FL 32922 US

New Principal Place of Business:

435 BREVARD AVE
COCOA, FL 32922 US

Current Mailing Address:

435 BREVARD AVE
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-3400483 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WYNNE, LEWIS N
435 BREVARD AVE
COCOA, FL 32922 US

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: D () Delete
Name: HARRELL, GEORGE
Address: 1712 PINEDA ST
City-St-Zip: COCOA, FL

Title: D () Delete
Name: PARRISH, ADA
Address: 29 RIVERSIDE DRIVE
City-St-Zip: COCOA, FL

Title: D () Delete
Name: FIELDS, ALMA C
Address: 750 FIELD MANOR DR.
City-St-Zip: MERRIT ISLAND, FL 32953

Title: D () Delete
Name: MANNING, JOHN
Address: 605 SHOREWOOD DRIVE 505
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: PATERNO, DAVID
Address: 1266 YORK CIRCLE
City-St-Zip: MELBOURNE, FL 32904

Title: EXD () Delete
Name: WYNNE, LEWIS N DR
Address: 20 VALENCIA ROAD
City-St-Zip: ROCKLEDGE, FL 32955

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: D (X) Change () Addition
Name: MANNING, JOHN
Address: 2975 LA CITA LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: P (X) Change () Addition
Name: PATERNO, DAVID
Address: 1266 YORK CIRCLE
City-St-Zip: MELBOURNE, FL 32904

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 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 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: LEWIS N. WYNNE

EXD

07/05/2005

Electronic Signature of Signing Officer or Director

Date