

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004228

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE FLORIDA HISTORICAL LIBRARY FOUNDATION, INC.

Current Principal Place of Business:

435 BREVARD AVE
COCOA, FL 32922 US

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

WYNNE, LEWIS N
435 BREVARD AVE
COCOA, FL 32922 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: D () Delete
Name: HARRELL, GEORGE
Address: 4145 HARRELL ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: PARRISH, ADA
Address: 29 RIVERSIDE DRIVE #303
City-St-Zip: COCOA, FL 32922

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

Title: D () Delete
Name: JACKSON, DAVID
Address: 3509 W ROUNDTREE DRIVE
City-St-Zip: COCOA, FL 32926

Title: P () Delete
Name: WEST, BARBARA
Address: 403 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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: () Change () Addition
Name:
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: LEWIS N. WYNNE

EXD

04/30/2007

Electronic Signature of Signing Officer or Director

Date