

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004228

FILED
Apr 14, 2009
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:

BROTEMARKLE, BEN DR.
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: DR. BEN BROTEMARKLE

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPEARMAN, DELORES CO CHR
Address: 51 RIDGE COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: BRAGDON, FLO CO CHR
Address: 1610 YATES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: SIMONY, MAGGIE
Address: 7801 RIDGEWOOD AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () 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: ED (X) Change () Addition
Name: BROTEMARKLE, BEN DR
Address: 4895 YEW CT
City-St-Zip: TITUSVILLE, FL 32796

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: DR. BEN BROTEMARKLE

ED

04/14/2009

Electronic Signature of Signing Officer or Director

Date