

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002051

FILED
Jan 17, 2009
Secretary of State

Entity Name: THE ZELLWOOD HISTORICAL SOCIETY, MUSEUM & LIBRARY, INC.

Current Principal Place of Business:

3160 UNION STREET
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1186
ZELLWOOD, FL 327981186

New Mailing Address:

FEI Number: 59-3494367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELLWOOD HISTORICAL SOCIETY
3160 UNION STREET
P.O BOX 194
ZELLWOOD, FL 327980194 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: PDSD () Delete
Name: HUMPHERY, JACK
Address: 5437 KING AVE.
City-St-Zip: ZELLWOOD, FL 327980509

Title: TD () Delete
Name: BARRETT, MARVIN
Address: 5051 PALM DR.
City-St-Zip: ZELLWOOD, FL 327980194

Title: PD () Delete
Name: HUMPHREY, JACK
Address: 5437 KING AVENUE
City-St-Zip: ZELLWOOD, FL 32798

Title: VP () Delete
Name: DOGGETT, DWIGHT
Address: 3658 ORDICK ROAD
City-St-Zip: APOPKA, FL 32712

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:

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: MARVIN BARRETT

TD

01/17/2009

Electronic Signature of Signing Officer or Director

Date