

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90016 048 ****61.25

DOCUMENT # N98000006756 1. Entity Name THE HISTORIC VILLAGE OF DUNNELLON, INC.					
Principal Place of Business 20799 WALNUT STREET DUNNELLON, FL 34431			Mailing Address 20847 WALNUT ST DUNNELLON, FL 34431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 20721 W. Penn. Ave.			
City & State DUNNELLON FL		City & State DUNNELLON FL		4. FEI Number 59-3545370	
Zip 34431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GODDARD, BRENDA 20847 WALNUT ST DUNNELLON, FL 34431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 20721 W. Penn. Ave. City Dunnellon FL Zip Code 34431	
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 <i>Brenda Goddard</i> BRENDA GODDARD		(NOTE: Registered Agent signature required when reinstating)		DATE 4-12-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, NANCY 20799 WALNUT STREET DUNNELLON, FL 34431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLIS, JEAN 20709 W PENNEYLVANIA DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODDARD, BRENDA 20847 WALNUT DUNNELLON, FL 34431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRING, BOB 20600 W PENNSYLVANIA DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWOPE, BARBARA 20774 W PENNSYLVANIA DUNNELLON, FL 34431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWISON, BONNIE 20800 WALNUT DUNNELLON, FL 34431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sheryl Sollars 20721 W. Penn Ave DUNNELLON, FL 34431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20721 W. Penn. Ave. Dunnellon FL 34431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NADINE WAMPLER 20013 W Penn Ave DUNNELLON, FL 34431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: NADINE WAMPLER <i>Nadine Wampler</i> 3/18/04 (352) 489-2774					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					