

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90137 003 ****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 20721 W PENN AVE. DUNNELLON, FL 34431		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3545370	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent —				-7- Name and Address of New Registered Agent —	
GODDARD, BRENDA 20721 W PENN AVE DUNNELLON, FL 34431				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 PD MYERS, NANCY 20799 WALNUT STREET DUNNELLON, FL 34431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLLARS, SHERYL 20721 W PENN AVE. DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODDARD, BRENDA 20721 W PENN AVE. DUNNELLON, FL 34431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAMPLER, NADINE 20613 W PENN AVE. DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWOPE, BARBARA 20774 W PENNSYLVANIA DUNNELLON, FL 34431	<input checked="" 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	Nancy Eaton 20625 W. Pennsylvania Ave. Dunnellon, FL 34431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Thompson 20781 Chestnut St. Dunnellon, FL 34431				
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: <u>Nancy Myers, President</u> <u>Nancy Myers</u> <u>4/29/05 (352) 465-1460</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					