


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

04-17-2008 90027 010 \*\*\*\*\*61.25  
N98000006756

**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

**DO NOT WRITE IN THIS SPACE**

**FILED**

**08 MAY -8 AM 9: 02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02282008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-3545370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

GODDARD, BRENDA  
20721 W PENN AVE  
DUNNELLON, FL 34431

**DO NOT WRITE  
IN THIS SPACE**

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: *Bonnie Lewison* (NOTE: Registered Agent signature required when reappointing)

DATE:

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWISON, BONNIE 20800 WALNUT ST DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYERS, NANCY 20799 WALNUT ST DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODDARD, BRENDA 20721 W PENN AVE. DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL GOGGITT 20815 WEST PENNSYLVANIA AVE DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, SUSAN 20930 RIVER DR DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Bonnie Lewison* *Bonnie Lewison* *Mar. 25, 2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *Mar. 25, 2008*

DAYTIME PHONE: *752-465-9200*

*R 5/15*