

005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002636	
1. Entity Name ZEPHYRHILLS HISTORICAL ASSOCIATION, INC.	
Principal Place of Business 39110 SOUTH AVENUE ZEPHYRHILLS, FL 33542	Mailing Address 39110 SOUTH AVENUE ZEPHYRHILLS, FL 33542



02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3113857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent SEPPANEN, MARGARET 38625 CHARLES AVE ZEPHYRHILLS, FL 33542	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	P REYNOLDS, LELAND 39110 SOUTH AVENUE ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LILLY, BARBARA 5153 JO STREET ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MASTIN, EMILY 6227 HUNTINGTON DRIVE ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEPPANEN, MARGARET 38625 CHARLES AVENUE ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOBSON, IRENE 39816 COLE AVENUE ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OHMAN, BARBARA 3123 SANDY DRIVE ZEPHYRHILLS, FL 33541

1100100237654
02/21/05-80066-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Lealand D Reynolds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 *812-782-4150*
Date Daytime Phone #