2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90028 001 ****61.25

DOCUMENT # N99000002636

1. Entity Name
ZEPHYRHILLS HISTORICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
39110 SOUTH AVENUE ZEPHYRHILLS, FL 33542	39110 SOUTH AVENUE ZEPHYRHILLS, FL 33542

01132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-3113857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent -	7. Name and Address of New Registered Agent
SEPPANEN, MARGARET 38625 CHARLES AVE ZEPHYRHILLS, FL 33542	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SMITH, GENEVIEVE 6549 BRENTWOOD DR ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P- Kustes, William 37448 Blue Berry Ct. Zephyrhills, FL 33542 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TUCKER, RICHARD 30735 SATIN LEAF LANE WESLEY CHAPEL, FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S- Ohman, Barbara 3123 Sandy Dr. Zephyrhills, FL 33542 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REYNOLDS, LEALAND 36330 CENTURY DR ZEPHYRHILLS, FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D- Smith, Genevieve 6549 Brentwood Dr. Zephyrhills, FL33541 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEPPANEN, MARGARET 38625 CHARLES AVENUE ZEPHYRHILLS, FL 33542	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D- Odell, Betty 38632 Remora Ave. Zephyrhills, FL 33542 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OHMAN, BARBARA 3123 SANDY DR ZEPHYRHILLS, FL 33542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D- Partain, Margie 7227 Jason Ave. Zephyrhills, FL 33541 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUSTES, WILLIAM 37448 BLUE BERRY CT ZEPHYRHILLS, FL 33542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D- McKell, Rose 35208 Dale Ave. Zephyrhills, FL 33541 ☐ Change ☒ Addition

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: Lealand D Reynolds Treas. 1/16/07 813-782-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SIGNATURE: Lealand Reynolds Pres. 1/16/07 813 782 4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #