


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 050 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-3113857	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>Lealand Reynolds</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>1-15-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P--Margaret Seppanen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSTES, WILLIAM		NAME	38625 Charles Avenue	
STREET ADDRESS	37448 BLU BERRY CT.		STREET ADDRESS	Zephyrhills, FL 33542	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP--William Kustes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, RICHARD		NAME	37448 Bluberry CT.	
STREET ADDRESS	30735 SATIN LEAF LANE		STREET ADDRESS	Zephyrhills, FL 33542	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T--Patricia Thompson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, LEALAND		NAME	5024 20th Street	
STREET ADDRESS	36330 CENTURY DR		STREET ADDRESS	Zephyrhills, FL 33542	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D--Lealand Reynolds	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPPANEN, MARGARET		NAME	36330 Century Drive	
STREET ADDRESS	38625 CHARLES AVENUE		STREET ADDRESS	Zephyrhills, FL 33541	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S--Roselyn McKell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHMAN, BARBARA		NAME	35208 Dale Avenue	
STREET ADDRESS	3123 SANDY DR		STREET ADDRESS	Zephyrhills, FL 33542	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D--Richard Tucker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, GENEVIEVE		NAME	30735 Satin Leaf Lane	
STREET ADDRESS	6549 BRENTWOOD DR.		STREET ADDRESS	Wesley Chapel, FL 33543	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
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: <i>Lealand Reynolds</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>1-15-08</i> <small>Daytime Phone #</small>	