

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002636

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** ZEPHYRHILLS HISTORICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

39110 SOUTH AVENUE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

39110 SOUTH AVENUE  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

**FEI Number:** 74-3113857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEPPANEN, MARGARET  
38625 CHARLES AVE  
ZEPHYRHILLS, FL 33542 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REEVSE, SHARON  
Address: 39110 SOUTH AVE.  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP  
Name: GEIGER, NATHAN  
Address: 7201 ASH ST.  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: T  
Name: WHITE, WILMA J  
Address: 5146 20TH ST.  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D  
Name: PORTER, BOB  
Address: P.O. BOX 1568  
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: S  
Name: GEIGER, GAIL  
Address: 7201 ASH ST.  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D  
Name: THOMPSON, PATRICIA  
Address: 5024 20TH ST.  
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILMA JO WHITE

T

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date