

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N99Q00007062

1. Entity Name
MOLINO MID-COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business
100 FILLINGIM LANE
MOLINO, FL 32577-4130

Mailing Address
POST OFFICE BOX 333
MOLINO, FL 32577-0333

DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3611334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, LILLIAN F
100 FILLINGIM LN
MOLINO, FL 32577

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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

Lillian F. King

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

2-23-04

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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
KING, LILLIAN F
100 FILLINGIM LANE
MOLINO, FL 325774130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GING, JUDY M
100 FILLINGIM LANE
MOLINO, FL 325774130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MASON, BRENDA
2930 ANGUS CIRCLE
MOLINO, FL 32577

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HELMS, TOM
100 FILLINGIM LANE
MOLINO, FL 325774130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRIS, WALTER W
100 FILLINGIM LANE
MOLINO, FL 325774130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRIS, W.T.
100 FILLINGIM LANE
MOLINO, FL 325774130

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lillian F. King Lillian F. King

2-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #