

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # N99000007062

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



Principal Place of Business      Mailing Address  
100 FILLINGIM LANE      POST OFFICE BOX 333  
MOLINO, FL 32577-4130      MOLINO, FL 32577-0333



02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
59-3611334      Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KING, LILLIAN F  
100 FILLINGIM LN  
MOLINO, FL 32577

**DO NOT WRITE  
IN THIS SPACE**

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

*Feb 18, 2005*

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

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      P  
NAME      KING, LILLIAN F  
STREET ADDRESS      100 FILLINGIM LANE  
CITY-ST-ZIP      MOLINO, FL 325774130

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

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

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

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

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

100000238675  
02/22/05-80009-015 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)(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 18, 2005*  
Date

*850-587-5140*  
Daytime Phone #