2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 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 MOLINO, FL 32577-4130	POST OFFICE BOX 333 MOLINO, FL 32577-0333

DO NOT WRITE IN THIS SPACE

03202006 No Chg-NP CR2E037 (11/05)

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 4-1-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be 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

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04/19/06-80084-012 61.25

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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: Lillian F. King Lillian F. King 4-1-06 850-587-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #