

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007062

FILED
Jul 01, 2009
Secretary of State

Entity Name: MOLINO MID-COUNTY HISTORICAL SOCIETY, INC,

Current Principal Place of Business:

100 FILLINGIM LANE
MOLINO, FL 325774130

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 333
MOLINO, FL 325770333

New Mailing Address:

FEI Number: 59-3611334 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KING, LILLIAN F
100 FILLINGIM LN
MOLINO, FL 32577 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 () Delete
Name: KING, LILLIAN F
Address: 100 FILLINGIM LANE
City-St-Zip: MOLINO, FL 325774130

Title: V () Delete
Name: GING, JUDY M
Address: 100 FILLINGIM LANE
City-St-Zip: MOLINO, FL 325774130

Title: S () Delete
Name: MASON, BRENDA
Address: 2930 ANGUS CIRCLE
City-St-Zip: MOLINO, FL 32577

Title: D () Delete
Name: HELMS, TOM
Address: 100 FILLINGIM LANE
City-St-Zip: MOLINO, FL 325774130

Title: D () Delete
Name: HARRIS, WALTER W
Address: 100 FILLINGIM LANE
City-St-Zip: MOLINO, FL 325774130

Title: D () Delete
Name: HARRIS, W.T.
Address: 100 FILLINGIM LANE
City-St-Zip: MOLINO, FL 325774130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LILLIAN KING

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date