

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731921

**FILED**  
**Jan 18, 2018**  
**Secretary of State**  
**CC3940532016**

**Entity Name:** EAST HILLSBOROUGH HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

605 N COLLINS ST  
PLANT CITY, FL 33563

**Current Mailing Address:**

605 N COLLINS ST  
PLANT CITY, FL 33563

**FEI Number:** 59-1918624

**Certificate of Status Desired:** No

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

BENDER, SHELBY R  
1104 W CHERRY ST  
PLANT CITY, FL 33563 US

*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:** SHELBY R BENDER

01/18/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BENDER, SHELBY R  
Address        1104 W. CHERRY ST.  
City-State-Zip: PLANT CITY FL 33563

Title            VP  
Name            VAN DEN BOGAERT, LUDO  
Address        6502 STAFFORD ROAD  
City-State-Zip: PLANT CITY FL 33565

Title            SECRETARY  
Name            KERST, ADRIENNE M  
Address        1803 HITCHING POST  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            WISE, BILLY R  
Address        3423 CASON ROAD  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            ODDEN, DANIELLE  
Address        512 LANGFORD CIRCLE  
City-State-Zip: PLANT CITY FL 33563

Title            DIRECTOR  
Name            LUBRANO, BENITO  
Address        1111 N. MERRIN STREET  
City-State-Zip: PLANT CITY FL 33563

Title            DIRECTOR  
Name            VAN DEN BOGAERT, WILLEVA  
                         ROGERS  
Address        6502 STAFFORD TERRACE AVENUE  
City-State-Zip: PLANT CITY FL 33565

Title            TREASURER  
Name            WILSON, BETTY J  
Address        1405 MCLIN DRIVE  
City-State-Zip: PLANT CITY FL 33565

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*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:** SHELBY BENDER

**PRESIDENT**

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WEBB, CONNIE J  
Address 8209 TURTLEDOVE COVE  
City-State-Zip: PLANT CITY FL 33567

Title DIRECTOR  
Name ROBERTS, BENTLEY RAE  
Address 11429 WELCOME CHURCH STREET  
City-State-Zip: LITHIA FL 33547

Title DIRECTOR  
Name SANCHEZ, MARLENE HANEY  
Address 1114 NORTH MARYLAND AVENUE  
City-State-Zip: PLANT CITY FL 33563