	, , , , , , , , , , , , , , , , , , , ,	ts registered office or regis	<b>G</b> , , ,
SIGNATURE:	SHELBY R BENDER		
	Electronic Signature of Registered Agent		Date
Officer/Direc	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	BENDER, SHELBY R	Name	VAN DEN BOGAERT, LUDO
Address	1104 W. CHERRY ST.	Address	6502 STAFFORD ROAD
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33565
Title	TREASURER	Title	DIRECTOR
Name	LUBRANO, BENITO	Name	VAN DEN BOGAERT, WILLEVA ROGERS
Address	416 SKYCREST LANE	Address	6502 STAFFORD TERRACE AVENUE
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33565
Title	DIRECTOR	Title	DIRECTOR
Name	WEBB, CONNIE J	Name	PORERTS RENTLEY RAE

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731921

### 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

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

8209 TURTLEDOVE COVE

PLANT CITY FL 33567

SECRETARY

HANEY, MARLENE

2202 WOOTEN ROAD

BENDER, SHELBY R

Address

Title

Name

Address

City-State-Zip:

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.

Name

Title

Name

Address

Address

City-State-Zip:

## SIGNATURE: SHELBY BENDER

City-State-Zip: DOVER FL 33527

PRESIDENT

ROBERTS, BENTLEY RAE

LITHIA FL 33547

MCGLATHERY, SANDI

702 N. EVERS STREET

DIRECTOR

City-State-Zip: PLANT CITY FL 33563

Continues on page 2

11429 WELCOME CHURCH STREET

03/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 24, 2022 Secretary of State 8352049222CC

Certificate of Status Desired: Yes

# **Officer/Director Detail Continued :**

Title	DIRECTOR		
Name	BARBER, ERIC		
Address	1107 N. JOHNSON STREET		
City-State-Zip:	PLANT CITY FL 33563		