

2017 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**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

02/14/2017

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 WISE, ROYAL
Address 605 NORTH COLLINS STREET
City-State-Zip: PLANT CITY FL 33563

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

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name MOOS, WANDA SUE
Address 152 COUNTRY LANE
City-State-Zip: PLANT CITY FL 33565