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: CAROL E. GARRETT

Electronic Signature of Signing Officer/Director Detail

City-State-Zip:	TAMPA FL 33609	City-State-Zip:	ENGLEWOOD FL 34224
Title	VPD	Title	SD
Name	HORTON, ESTHER	Name	WILLE, NANCY
Address	300 S. MANGO	Address	6304 PARTRIDGE AVE.
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	ENGLEWOOD FL 34224

GARRETT, CAROL E

4522 W. CULBREATH AVE.

Officer/Director Detail :

TD

Title

Name

Address

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.

Title

Name

Address

P.O. BOX 1245 ENGLEWOOD, FL 34295-1245 US

SIGNATURE: CAROL E. GARRETT

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: LEMON BAY HISTORICAL SOCIETY, INC.

FEI Number: 65-0128230

DOCUMENT# N08326

ENGLEWOOD. FL 34223-1245

Current Mailing Address:

416 GREEN ST

GARRETT, CAROL E 4522 W. CULBREATH AVE. TAMPA, FL 33609 US

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2017 Secretary of State CC1316054752

01/07/2017 Date

Certificate of Status Desired: No

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PD

HICKS, CHARLES

9413 CRUGAR TERRACE

TREASURER

01/07/2017 Date