

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08326

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC2599938313**

**Entity Name:** LEMON BAY HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

416 GREEN ST  
ENGLEWOOD, FL 34223-1245

**Current Mailing Address:**

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

**FEI Number: 65-0128230**

**Certificate of Status Desired: No**

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

POPE, CAROLYN L  
810 W. WENTWORTH STREET  
ENGLEWOOD, FL 34223 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:** CAROLYN L. POPE

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name POPE, CAROLYN L  
Address P.O. BOX 1245  
City-State-Zip: ENGLEWOOD FL 34295-1245

Title PD  
Name HICKS, CHARLES  
Address 425 N OXFORD DR  
City-State-Zip: ENGLEWOOD FL 34223

Title VPD  
Name AIREY, JEAN  
Address 916 SUNCREST LANE  
City-State-Zip: ENGLEWOOD FL 34223

Title SD  
Name GARRETT, CAROL  
Address 4522 CULBREATH AVE  
City-State-Zip: TAMPA FL 33609

*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:** CAROLYN L. POPE

**TREASURER**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date