

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08326

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**3362540244CC**

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

**Current Principal Place of Business:**

510 S. INDIANA AVE.  
ENGLEWOOD, FL 34223

**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:**

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

01/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name GARRETT, CAROL E  
Address 4522 W. CULBREATH AVE.  
City-State-Zip: TAMPA FL 33609

Title PD  
Name HICKS, CHARLES  
Address 9413 CRUGAR TERRACE  
City-State-Zip: ENGLEWOOD FL 34224

Title VPD  
Name HORTON, ESTHER  
Address 300 S. MANGO  
City-State-Zip: ENGLEWOOD FL 34223

Title SD  
Name WILLE, NANCY  
Address 6304 PARTRIDGE AVE.  
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR  
Name BAYLEY, DON  
Address 346 ARDENWOOD DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name LANDIS, JANET  
Address 202 SOUTH DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name MRASAK, CATHARINE  
Address 9181 GRIGGS RD.  
LOT 29  
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR  
Name SCHILKE, LINDA  
Address 450 ARTIST AVE.  
City-State-Zip: ENGLEWOOD FL 34223

**Continues on page 2**

*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

**TREASURER**

01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VANTILBURG, LARRY  
Address        224 FAIRWAY RD.  
City-State-Zip: ROTONDA WEST FL 33947