

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006106

Entity Name: HISTORIC WINTER GARDEN MERCHANTS ASSOCIATION INC**Current Principal Place of Business:**150 S WOODLAND ST
WINTER GARDEN, FL 34777**Current Mailing Address:**P O BOX 770078
WINTER GARDEN, FL 34777**FEI Number:** 20-4213226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BYRD, WENDY
150 S WOODLAND ST
WINTER GARDEN, FL 34777 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PP
Name	VALDES, BERT
Address	14 W PLANT ST
City-State-Zip:	WINTER GARDEN FL 34787

Title	T
Name	SCORSONE, MICHAEL G
Address	3379 SEMINOLE ST
City-State-Zip:	GOTHA FL 34734

Title	MAL
Name	PEGRAM, JERRY
Address	56 WEST PLANT ST
City-State-Zip:	WINTER GARDEN FL 34787

Title	S
Name	MCMILLEN, ALAUNA
Address	110 AGNES S
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	JONES, DENNIS
Address	101 W PLANT ST
City-State-Zip:	WINTER GARDEN FL 34787

Title	P
Name	BYRD, WENDY
Address	150 S WOODLAND ST
City-State-Zip:	WINTER GARDEN FL 34777

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: WENDY BYRD**PRESIDENT****04/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date