

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009921

Entity Name: SAM AND LELIA WASHINGTON HISTORICAL PRESERVATION, INC.**FILED**
Apr 30, 2015
Secretary of State
CC1042477025**Current Principal Place of Business:**1020 MAYS ROAD
MONTICELLO, FL 32344**Current Mailing Address:**PO BOX 458
SANFORD, FL 32772 US**FEI Number:** 47-2155546**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCDONALD, TRENNNA
2062 RUFF ROAD
SANFORD, FL 32771 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	P
Name	JOHNSON, JOIE L
Address	100 VICTORIA DR
City-State-Zip:	FAYETTEVILLE GA 30214

Title	VP
Name	JOHNSON, FLORETTA
Address	100 VICTORIA DR
City-State-Zip:	FAYETTEVILLE GA 30214

Title	TREASURER
Name	ROME, HELEN
Address	208 29TH STREET EAST
City-State-Zip:	PALMETTO FL 34221

Title	ASST. TREASURER
Name	BARTON, DEBORAH
Address	212 29TH STREET EAST
City-State-Zip:	PALMETTO FL 34221

Title	DIRECTOR
Name	MATHIS, FLORA
Address	1020 MAYS ROAD
City-State-Zip:	MONTICELLO FL 32344

Title	DIRECTOR
Name	EVANS, EMMA
Address	PO BOX 458
City-State-Zip:	SANFORD FL 32772

Title	DIRECTOR
Name	MITCHELL, LELIA
Address	PO BOX 458
City-State-Zip:	SANFORD FL 32772

Title	DIRECTOR
Name	JONES, BERNICE
Address	PO BOX 458
City-State-Zip:	SANFORD FL 32772

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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: TRENNNA MCDONALD**REGISTERED**
AGENT/SECRETARY**04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEWIS, CAROLYN
Address PO BOX 458
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name ANDERSON, ZELMA
Address PO BOX 458
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name DUVAL, HENRIETTA
Address PO BOX 458
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name JONES, ELIZABETH
Address PO BOX 458
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name PATILLO, THERESA
Address PO BOX 458
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name WASHINGTON, SAM
Address PO BOX 458
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name WASHINGTON, DAVID JR.
Address PO BOX 458
City-State-Zip: SANFORD FL 32772

Title SECRETARY
Name MCDONALD, TRENNA
Address PO BOX 458
City-State-Zip: SANFORD FL 32772