

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90050 014 ****70.00

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DOCUMENT # N00000000991

1. Entity Name

A.L. LEWIS HISTORICAL SOCIETY, INC.



Principal Place of Business

**5466 GREGG STREET
AMERICAN BEACH FL 32034**

Mailing Address

**5466 GREGG STREET
AMERICAN BEACH FL 32034**

2. Principal Place of Business

1018 CHERRY POINT WAY

3. Mailing Address

1018 CHERRY POINT WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number **59-3672494**

Applied For
 Not Applicable

Zip

32218

Country

USA

Zip

32218

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BETCH, MAVYNEE OSHUN
5466 GREGG STREET
AMERICAN BEACH FL 32034**

7. Name and Address of New Registered Agent

Name **ROWENA STEWART**
Street Address (P.O. Box Number is Not Acceptable)
1018 CHERRY POINT WAY
JACKSONVILLE
City **JACKSONVILLE** FL Zip Code **32034**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rowena Stewart* **ROWENA STEWART, PRESIDENT** **7/19/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETSCH, MAVYNEE 5466 GREGG STREET AMERICAN BEACH FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KINNY, VANESSA P O BOX 15661 FERNANDINA BEACH FL 32035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS-JENKINS, GLENDA L 37 L S MORRISON DR FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNEIL, DIANNE 5490 ERWIN STREET AMERICAN BEACH FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MICHAEL 221 EAST OSCEOLA STREET STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, CAROL 829 N. DAVID STREET JACKSONVILLE FL 32202	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWENA STEWART 1018 CHERRY POINT WAY JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROL ALEXANDER 829 NORTH DAVIS ST. JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHONDA BRISTOL 1402 BEACH ST. FERNANDINA, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEVERLY ASBURY 4989 SPANISH OAKS CIRCLE AMELIA ISLAND, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP SCANLAN 1832 VILLAGE COURT AMELIA ISLAND, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON JONES 2008 RIVERSIDE AVE. JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rowena Stewart* **7/19/03** (904) 696-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CFR2E037 (4/03)