

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90063 009 ****61.25

DOCUMENT # N37989

1. Entity Name

DESOTO COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

**3028 N.E. ARCADIA AVE.
 ARCADIA FL 34266
 US**

**3028 N.E. ARCADIA AVE.
 ARCADIA FL 34266
 US**

2. Principal Place of Business

914 Mizell Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1824

Suite, Apt. #, etc.

City & State
Arcadia, Florida

City & State
Arcadia, Florida

4. FEI Number
59-3018187

Applied For
 Not Applicable

Zip
34266

Country
DeSoto

Zip
34265

Country
DeSoto

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COSTNER, G C
 3028 N.E. ARCADIA AVE.
 ARCADIA FL 34266**

7. Name and Address of New Registered Agent

Name **Luke Wilson**
 Street Address (P.O. Box Number is Not Acceptable)
914 Mizell Ave.
 City **Arcadia, FL** Zip Code **34266**

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.

SIGNATURE

Luke Wilson

Luke Wilson, V. President

2/28/02

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees*

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REYNOLDS, JOHN A	
STREET ADDRESS	503 N. POLK AVE.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, LUKE	
STREET ADDRESS	914 MIZELLE AVE.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, RUTH	
STREET ADDRESS	P.O. BOX 967	
CITY-ST-ZIP	ARCADIA FL 34265	
TITLE	T	<input type="checkbox"/> Delete
NAME	WIGHT, LOIS J	
STREET ADDRESS	P.O. BOX 295	
CITY-ST-ZIP	FT. OGDEN FL 34267	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, RUTH R	
STREET ADDRESS	1021 W. HICKORY AVE.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, IRMA	
STREET ADDRESS	1802 NE MIKE DR.	
CITY-ST-ZIP	ARCADIA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

John Reynolds
John Reynolds, President

2/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)