SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

9/24

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 SEP 25 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N97000000737

1. Corporation Name
GLADES COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
198 AVE "J" MOORE HAVEN FL 33471 US	P.O. BOX 806 MOORE HAVEN FL 33471-0806

Moore Haven in Glades Cty

REINSTATEMENT 9-00

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 P.O. Box 806	02/10/1997
Suite, Apt. #, etc. 22 City Hall mtg rm	Suite, Apt. #, etc. 27 Moore Haven	4. FEI Number 59-2550093 ☐ Applied For ☐ Not Applicable
City & State 23 Moore Haven	City & State 28 FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 FL. 25 33471	Zip / Country 29 33471 30 Glades	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KORINKE, DOUGLAS B 198 AVENUE J MOORE HAVEN FL 33471	81 Name: Anne L. Deuschle 82 Street Address (P.O. Box Number is Not Acceptable): 100 1st. Street 83 84 City: Moore Haven FL 85 Zip Code: 33471

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Anne L Deuschle 8-22-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KORINKE, DOUGLAS B. 198 AVE "J" MOORE HAVEN FL 33471	☑ DELETE resigned	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition President Anne L. Deuschle 100 1st. St. Moore Haven FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CORDES, GEORGE C. 339 W EL PASO AVE CLEWISTON FL 33440	☑ DELETE deceased	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition V. President Charlotte Durno D 499 Ave N~~ew~~ S.W. Moore Haven, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CARLTON, MRS. J 1705 POLLYWOG DR LABELLE FL 33935	☑ DELETE resigned	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition Ed Napoli, treas. Lakeview 4550 Palomino Dr., Moore H Palm Bch., FL. 33480-0583
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ETCHEY, MS. S 11754 HARPER LANE NE LAKEPORT FL 33471	☑ DELETE Moved	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition Maxine Quillam 12233 Sory Lane Okeechobee, FL D ~~Clewiston~~, FL. 34972 Secty.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMS, MRS. M 299 AVE "M" MOORE HAVEN FL 33471	☑ DELETE illness-still officer	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition Mary Sams Ave. K Board chairperson Moore Haven, FL. 33471 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEEPLES, MRS. C 1090 W WAYMAN RD MOORE HAVEN FL 33471	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 800003414408--1 -10/05/00--01021--015 ****306.25 ****25 KE

14. *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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

863-946-

SIGNATURE: SIGNATURE REQUIRED Anne L Deuschle 8-6-00 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #