2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90092 044 ****61.25

0055026

DOCUMENT # N97000000737

1. Entity Name

GLADES COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
270 Avenue L ~~OFF MARION AVE~~ MOORE HAVEN FL 33471 US	P.O. BOX 806 MOORE HAVEN FL 33471

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Glades County Historical Museum Suite, Apt. #, etc.	P O Box 806 Suite, Apt. #, etc.
City & State: Moore Haven	City & State
Zip: 33471 Country: Glades	Zip Country

4. FEI Number 59-2550093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEUSCHLE, ANNE L 100 1ST STREET MOORE HAVEN FL 33471	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Anne L. Deuschle 3-5-01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEUSCHLE, ANNE L 100 1ST STREET MOORE HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Ed Napoli 4550 Palomino Drive Palm Beach FL 33480-0583	☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DURNO, CHARLOTTE 499 AVE N.W. MOORE HAVEN FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Albert M Schauseil 2435 Riverside Drive Moore Haven FL 33471-0612	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NAPOLI, ED 4550 PALOMINO DR. MOORE HAVEN FL 33480-0583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President June Morningstar 205 Yacht Club Way NE Moore Haven FL 33471	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD QUILLAM, MAXINE 12233 SORY LANE OKEECHOBEE FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BCD SAMS, MARY AVE K MOORE HAVEN FL 33471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEEPLES, MRS. C 1090 W WAYMAN RD MOORE HAVEN FL 33471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: ~~SIGNATURE REQUIRED~~ Anne L. Deuschle 3-5-01 863-946-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #