2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Imme

SIGNATURE:

DOCUI 1. Entity Name	MENT # N970000007	37		Secretary of State			
GLADES (COUNTY HISTORICAL SOC	CIETY, INC.					
Principal Place of Business GLADES COUNTY HISTORICAL MUSEUM 270 AVENUE L MOORE HAVEN FL 33471 US		Mailing Address P.O. BOX 806 MOORE HAVEN FL 33471					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E037 (11/03)			
City & State		City & State		4. FEI Number 5	9-2550093	Applied For Not Applicable	
Zip	Country			5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent Name			
100	ISCHLE, ANNE L 1ST STREET ORE HAVEN FL 33471			(P.O. Box Number is Not Acceptable)			
			City		FL		
the obligat	named entity submits this statement from of registered agent. Anne Signature, typed or ordnied name of registered agen	Deuschl t and fice if applicable. (NO	e. One TE Applistered Agent signature requi	me L. Le ured when constaining)	Peuscher, D	120-	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign F Trust Fund Contribut			Contribution.	\$5.00 May Be Added to Fees	Make Check Paya Florida Department	of State	
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND D DEUSCHLE, ANNE L 100 1ST STREET MOORE HAVEN FL	IRECTORS Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY ST-ZIP	VP MORNINGSTAR, JUNE 205 YACHT CLUB WAY NE MOORE HAVEN FL 33471	☐ Delete	TRILE NAME STREET ADDRESS CITY-ST-ZIP	02/	J000000044672 □ ^{ch} 11/04-80031-003 61.	ange 🔲 Addition 25 :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAUSEIL, AL 2435 RIVERSIDE DR. MOORE HAVEN FL 33471	☐ Delete	TIFLE NAME STREET ADDRESS GITY-SE-ZIP		□ Ch	enge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S WIGTON, JULIE 10375 LOWRY LANE MOORE HAVEN FL 33471	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOK, KENNETH L 174 26TH ST., #3 MARATHON FL 33050	☐ Belete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		□ ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROCK, LEE MRS. 70 TOWER HILL FORT THOMAS KY 41075	☐ Delete	TIBLE NAME STREET ADDRESS CITY-S1-ZIP		<u> </u>	ange Addition	
indicated of the co	certify that the information supplied wi d on this report or supplemental report reporation or the receiver or trustee em t, or on an attachment with an address	is true and accurate and that powered to execute this repo	t my signature shall have t ort as required by Chapter	ha cama langi affant se	it mada under dam: inat i am an t	וזווים בר מנינפמומני	

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