

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


FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90161 026 ****61.25

0016287

DOCUMENT # N98000006118

1. Entity Name
SOUTH LAKE COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business
**450 E HIGHWAY 50
CLERMONT FL 34711**

Mailing Address
**450 E HIGHWAY 50
CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-8544324**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WOLFE, MICKI
450 E HIGHWAY 50
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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	P	<input type="checkbox"/> Delete
NAME	WOLFE, MICKI	
STREET ADDRESS	450 E HIGHWAY 50	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BECKIUS, JUANITA	
STREET ADDRESS	PO BOX 560422	
CITY-ST-ZIP	MOUNT VERDE FL 34711	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, BEVERLY	
STREET ADDRESS	723 W MONTROSE ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEN, LOUISE	
STREET ADDRESS	5514 SHRIVER ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	BD	<input type="checkbox"/> Delete
NAME	GRANT, JAMES	
STREET ADDRESS	24 EMERALD LAKES	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	BD	<input type="checkbox"/> Delete
NAME	BEEBETON, ELAINE	
STREET ADDRESS	420 MINNEHABA	
CITY-ST-ZIP	CLERMONT FL 34711	

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	

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: *Becky Beckius*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-4-03** Daytime Phone # **352 394-6752**

CR2E037 (4/03)