

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008903

**Entity Name:** WILTON MANORS HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

2020 WILTON DRIVE  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2020 WILTON DRIVE  
WILTON MANORS, FL 33305

**FEI Number:** 05-0541102

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ULM, MARY G  
2020 WILTON DRIVE  
WILTON MANORS, FL 33305 US

*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:** MARY GAYLE ULM

03/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ULM, MARY G  
Address 2819 NW 12TH AVENUE  
City-State-Zip: WILTON MANORS FL 33311

Title VD  
Name FOLLAND, ADRIENNE  
Address 440 NE 23RD STREET  
City-State-Zip: WILTON MANORS FL 33305

Title SD  
Name LITTLE, BENJAMIN B  
Address 2525 NE 3RD AVE  
City-State-Zip: WILTON MANORS FL 33311

Title TD  
Name KUTA, PAUL A  
Address 500 N.E. 28TH ST.  
City-State-Zip: WILTON MANORS FL 33334

Title D  
Name FREEMAN, MARK D  
Address 116 ALMAR DRIVE  
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR  
Name CURRIER, CAROL  
Address 1416 NE 24TH STREET  
City-State-Zip: WILTON MANORS FL 33305

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY GAYLE ULM

**PRESIDENT**

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date