2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
03-18-2002 90078 015 ****61.25

DOCUMENT # 717676

1. Entity Name

THE HERITAGE MUSEUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 WESTVIEW AVE. VALPARAISO FL 32580	PO BOX 488 VALPARAISO FL 32580 US

23472

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1637065 ☐ 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
BEASLEY, HOLLY A. 286 HONEYSUCKLE WAY NICEVILLE FL 32578	Name: Barbara L. Moss Street Address (P.O. Box Number is Not Acceptable): 259 Glenview Ave City: Valparaiso FL Zip Code: 32580

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 Barbara L. Moss Barbara L. Moss 3/5/02
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	D T BAILEY, KENNETH 32 SOUTHWIND CT NICEVILLE FL	☐ Delete	V T Rae Williams P.O. Box 8 Valparaiso, FL 32580	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS REEDER, WILLIAM 281 S BAYSHORE DRIVE VALPARAISO FL 32580	☐ Delete	V T Susan J. Martin 321 Okaloosa Ave Valparaiso, FL 32580	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P T BRABHAM, ANNETTE 360 OKALOOSA AVENUE VALPARAISO FL 32580	☐ Delete	S T Dotty Blacker 47 Hidden Cove Valparaiso, FL 32580	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, HENDERSON 1008 NE BEACHVIEW DR FT WALTON BEACH FL 32547	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KNOWLES, BARBARA 253 S BAYSHORE DRIVE VALPARAISO FL 32580	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 3/5/02 850-678-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #