

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90112 045 ****61.25

DOCUMENT # 717676

1. Entity Name
THE HERITAGE MUSEUM ASSOCIATION, INC.



Principal Place of Business

**115 WESTVIEW AVE.
VALPARAISO FL 32580**

Mailing Address

**PO BOX 488
VALPARAISO FL 32580
US**

2. Principal Place of Business

3. Mailing Address

115 Westview Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Valparaiso, FL

4. FEI Number **59-1637065**

Applied For

Not Applicable

Zip

Country

Zip

Country

32580

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, BARBARA L
259 GLENVIEW AVENUE
VALPARAISO FL 32580**

7. Name and Address of New Registered Agent

Name

Barbara Lee Moss

Street Address (P.O. Box Number is Not Acceptable)

1311 Bayshore Dr.

City

Niceville

FL

Zip Code

32578

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW: FEE IS \$61.25

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 ☐ Delete
NAME **BAILEY, KENNETH**
STREET ADDRESS **32 SOUTHWIND CT**
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ Delete
NAME **REEDER, WILLIAM**
STREET ADDRESS **281 S BAYSHORE DRIVE**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☐ Delete
NAME **BRABHAM, ANNETTE**
STREET ADDRESS **360 OKALOOSA AVENUE**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☐ Delete
NAME **WILLIAMS, RAE**
STREET ADDRESS **P.O BOX 8**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☐ Delete
NAME **MARTIN, SUSAN J**
STREET ADDRESS **321 OKALOOSA AVENUE**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☒ Delete
NAME **BLACKER, DOTTY**
STREET ADDRESS **47 HIDDEN COVE**
CITY-ST-ZIP **VALPARAISO FL 32580**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **CIT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1/8/03 850-678-2615

CR2E037 (10/02)