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

FILED
May 29, 2002 8:00 am
Secretary of State
05-20-2002 90044 007 ****61.25
05-29-2002 90736 019 ****61.25

DOCUMENT # 718852

1. Entity Name
DUNEDIN HISTORICAL SOCIETY, INC.

B0123332

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2. Principal Place of Business	3. Mailing Address
349 MAIN STREET	P. O. Box 2393
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNEDIN FL	City & State: DUNEDIN FL
Zip: 34698 Country: US	Zip: 34697 Country: US

4. FEI Number: 23-7207278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Lois W Hager
Street Address (P.O. Box Number is Not Acceptable): 349 Main St
City: Dunedin FL Zip Code: 34698

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: Lois W Hager FIRST VICE PRES. Lois W. Hager 5-23-02
Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial / Amended / UBR

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

TITLE: PRESIDENT - D NAME: JACK ST. ARNOLD STREET ADDRESS: 1370 PINEHURST RD CITY-ST-ZIP: DUNEDIN FL 34698	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: 2ND VICE PRESIDENT - D NAME: SUSAN LITTLEJ STREET ADDRESS: 1027 BROADWAY CITY-ST-ZIP: DUNEDIN FL 34698	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SECRETARY - D NAME: NELL THOMAS STREET ADDRESS: 1655 NARNIA CT. CITY-ST-ZIP: DUNEDIN FL 34698	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TREASURER - D NAME: CAROLYN ALLEN STREET ADDRESS: 639 BROADWAY CITY-ST-ZIP: DUNEDIN FL 34698	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DIRECTOR NAME: PATRICIA WOLLMAN STREET ADDRESS: 1701 PINEHURST RD. IE CITY-ST-ZIP: DUNEDIN FL 34698	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DIRECTOR NAME: BERNADETTE MASSARD STREET ADDRESS: 673 BROADWAY CITY-ST-ZIP: DUNEDIN FL 34698	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn W. Allen 5/22/02
TREAS