

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90395 025 ****61.25

DOCUMENT # 722545

1. Entity Name

LOXAHATCHEE RIVER HISTORICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

**805 N. U.S. HWY. ONE
JUPITER FL 33477-3213**

**805 N. U.S. HWY. ONE
JUPITER FL 33477-3213
US**

33043334

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 **23-7448343**

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

**DUBOIS, JOHN
931 VILLAGE BLVD.
#905-447
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **SHARON WALKER** (D)
Street Address (P.O. Box Number is Not Acceptable)
315 River Drive
City **Tequesta** FL **33469**

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]

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

(NOTE: Registered Agent signature required when re-registering)

04/22/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ Delete
NAME **PHELPS, ROGER**
STREET ADDRESS **4161 S US HWY #1 #1-K2**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **TD** ☐ Delete
NAME **GANTER, ERIN** (D)
STREET ADDRESS **211 GREEN POINT CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE **PD** ☒ Delete
NAME **DUBOIS, JOHN**
STREET ADDRESS **931 VILLAGE BLVD., #905-447**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **S** ☒ Delete
NAME **KULANAS, JOSEPH**
STREET ADDRESS **5540 NORTH OCEAN DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY (D)** ☐ Change ☒ Addition
NAME **SARAH NALL WORSHAM**
STREET ADDRESS **9341 SE MYSTIC COVE TERRACE**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

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

TITLE **PRESIDENT (D)** ☐ Change ☒ Addition
NAME **SHARON WALKER**
STREET ADDRESS **315 RIVER DRIVE**
CITY-ST-ZIP **TEQUESTA, FL 33469**

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jamie Stuve

Director

04/20/03

561-

Date

Daytime Phone #

CR2E037 (10/02)