FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am **DOCUMENT # 730718** Secretary of State POLK COUNTY HISTORICAL ASSOCIATION, INC. 02-20-2001 90055 048 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 2749 P.O. BOX 2749 BARTOW FL 33830 BARTOW FL 33831-2749 00016602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7450875 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILSON, DONALD H JR 150 EAST DAVIDSON STREET BARTOW FL 33830 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Attached TITLE Delete TITLE ☐ Addition WRIGHT, FREDDIE NAME NAME STREET ADDRESS 1215 SOUTH ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARTOW FL 33830 **VPD** Addition TITLE ☐ Delete TITLE ☐ Change NAME ALBRITTON, RAY NAME STREET ADDRESS STREET ADDRESS **4830 BETHLEHEM ROAD** CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL 33860 TITLE ☐ Delete ☐ Change Addition NAME **BOWMAN, HAZEL** NAME STREET ADDRESS STREET ADDRESS 511 NE 9TH AVE CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL 33860-2620 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SELLERS, SUE NAME STREET ADDRESS 6931 NEWMAN CIR E STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33813-2566 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BURR. PEGGY NAME STREET ADDRESS STREET ADDRESS 511 E. MCCRORIE ST. CITY-ST-ZIP CITY-ST-ZIP LAKE LAND FL 33803-3400 TITLE ☐ Delete TITLE Change ☐ Addition NAME COPELAND, DOY NAME STREET ADDRESS STREET ADDRESS 13-B MOORE RD. CITY-ST-ZIP CITY-ST-7IP HAINES CITY FL 33844

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 neasurer

SIGNATURE:

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Donald Wilson

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