2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
02-28-2000 90073 026 ****61.25

DOCUMENT # 735677

1. Entity Name

THE APALACHICOLA AREA HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
THE RANEY HOUSE MUSEUM APALACHICOLA FL 32320 US	P.O. BOX 75 APALACHICOLA FL 32329-0075 US

000025675

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 59-1677700 ☐ 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
CHAPEL, GEORGE L 163 AVENUE B APALACHICOLA FL 32320	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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) 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	PD CHAPEL, GEORGE L 163 AVENUE B APALACHICOLA FL 32320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOODY, LAURA 26, 15th Street APALACHICOLA FL 32320	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACY, RICHARD C 67 AVENUE DR APALACHICOLA FL 32320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREER, ANNA H. 176 N BAYSHORE DR EASTPOINT FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREER, WILLIAM E 176 N BAYSHORE DR EASTPOINT FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATKINS, R. BEDFORD 217 N BAYSHORE DR EASTPOINT FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACY, LAURA B. 67 AVENUE D APALACHICOLA FL 32320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: WILLIAM E. GREER TD 2/18/00 (850)670-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #