2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State
09-02-2002 90146 044 ****61.25

DOCUMENT # 735677

1. Entity Name

THE APALACHICOLA AREA HISTORICAL SOCIETY, INC. ✓

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

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

CHAPEL, GEORGE L
163 AVENUE B
APALACHICOLA FL 32320
DECEASED

7. Name and Address of New Registered Agent

Name: MOODY, LAURA R.
Street Address (P.O. Box Number is Not Acceptable): 26 15th STREET
City: APALACHICOLA FL Zip Code: 32320

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: LAURA R. MOODY (President) Laura R. Moody 8 JULY, 2002
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	VDX P MOODY, LAURA R. 26 15TH STREET APALACHICOLA FL 32320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	VD HENDERSON, JUDITH 128 4th STREET APALACHICOLA, FL 32328	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREER, ANNA H. 176 N BAYSHORE DR EASTPOINT FL 32328	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, SHIRLEY 126 HICKORY DIP RD EASTPOINT, FL 32328	☒ 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	D GREER, ANNA H. 176 N. BAYSHORE DR. EASTPOINT, FL 32328-0342	☐ Change XX 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	D SPOHRER, LYNN WILSON 127 AVENUE B APALACHICOLA, FL 32320	☐ Change XX Addition

CR2E037 (9/01)

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 WILLIAM E. GREER, TREASURER 8 JULY, 2002 850-670-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #