

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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90145 033 ****61.25

DOCUMENT # 735677

1. Entity Name

THE APALACHICOLA AREA HISTORICAL SOCIETY, INC.



Principal Place of Business

**THE RANEY HOUSE MUSEUM
P.O. BOX 75
APALACHICOLA FL 32329-0075
US**

Mailing Address

**THE RANEY HOUSE MUSEUM
P.O. BOX 75
APALACHICOLA FL 32329-0075
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**MOODY, LAURA R
26 15TH STREET
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☐ Delete
NAME	MOODY, LAURA	
STREET ADDRESS	26 15TH STREET	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	VD	☐ Delete
NAME	HENDERSON, JUDITH	
STREET ADDRESS	128 4TH STREET	
CITY-ST-ZIP	APALACHICOLA FL 32328	
TITLE	SD	☐ Delete
NAME	TAYLOR, SHIRLEY	
STREET ADDRESS	126 HICKORY DIP RD	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	TD	☐ Delete
NAME	GREER, WILLIAM E	
STREET ADDRESS	176 N BAYSHORE DR	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	☐ Delete
NAME	WATKINS, R. BEDFORD	
STREET ADDRESS	217 N BAYSHORE DR	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	☐ Delete
NAME	SPOHRER, LYNN W	
STREET ADDRESS	127 AVENUE B	
CITY-ST-ZIP	APALACHICOLA FL 32320	

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

William E Greer

10 MAY 2003 (850) 670-8681

CR2E037 (10/02)