

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90079 047 ****61.25

DOCUMENT # 735873

1. Entity Name
ORMOND BEACH HISTORICAL TRUST, INC.



Principal Place of Business

**38 E GRANADA BLVD
ORMOND BEACH FL 32176
US**

Mailing Address

**38 E GRANADA BLVD
ORMOND BEACH FL 32176
US**

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 **51-0199398**

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

**BOSTROM, J D
38 E GRANADA BLVD
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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 *J.D. Bostrom* **J.D. BOSTROM**

1/4/03

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	P	☒ Delete
NAME	BOSTROM, J D	
STREET ADDRESS	274 CUMBERLAND AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	☒ Delete
NAME	MENZEL, DAVE	
STREET ADDRESS	4 ELOISE CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	AT	☒ Delete
NAME	JERPI, DONALD	
STREET ADDRESS	13 BUCKINGHAM DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	☐ Delete
NAME	LOHMAN, NANCY MRS.	
STREET ADDRESS	733 W GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
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	P	☒ Change ☐ Addition
NAME	KIPP, GORDON	
STREET ADDRESS	182 GROVE ST.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T	☒ Change ☐ Addition
NAME	BOSTROM, J.D.	
STREET ADDRESS	274 CUMBERLAND AV.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	AT	☒ Change ☐ Addition
NAME	BOSTROM, JAMES	
STREET ADDRESS	11 BROOKSIDE CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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:

J.D. Bostrom **J.D. BOSTROM**

1/4/03

386-677-7005

CR2E037 (10/02)