## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT#745182**

FILED Sep 30, 2010 Secretary of State

Entity Name: BAKER COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

42 W. MCIVER AVE

MACCLENNY, FL 32063 US

Current Mailing Address: New Mailing Address:

P.O. BOX 856

MACCLENNY, FL 32063 US

FEI Number: 59-2174630 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHELAN, TIMOTHY D 7885 WINDER ROAD

MACCLENNY, FL 32063 US

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: TIMOTHY D WHELAN

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: SHELL, KEVIN

Address: 1139 COPPER CREEK DRIVE City-St-Zip: MACCLENNY, FL 32063 US

Title: VP

 Name:
 BEASLEY, SHELDON

 Address:
 6130 S COUNTY ROAD 125

 City-St-Zip:
 MACCLENNY, FL 32063 US

Title: S

 Name:
 THOMAS, KAREN E

 Address:
 7785 WINDER ROAD

 City-St-Zip:
 MACCLENNY, FL 32063 US

Title: T

Name: WHELAN, TIMOTHY D Address: 7785 WINDER ROAD City-St-Zip: MACCLENNY, FL 32063 US

Title:

Name: WATERS, JOAN

Address: 7097 MILTONDALE ROAD
City-St-Zip: MACCLENNY, FL 32063 US

Title:

Name: ROWE, CAROL

Address: 4603 MULBERRY STREET
City-St-Zip: MACCLENNY, FL 32063 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY D WHELAN T 09/30/2010