

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

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90050 014 *****70.00

DOCUMENT # N00000000991

1. Entity Name

A.L. LEWIS HISTORICAL SOCIETY, INC.



Principal Place of Business

5466 GREGG STREET
AMERICAN BEACH FL 32034

Mailing Address

5466 GREGG STREET
AMERICAN BEACH FL 32034

2. Principal Place of Business

1018 CHERRY POINT WAY

3. Mailing Address

1018 CHERRY POINT WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32218

Country

USA

Zip

32218

Country

USA

4. FEI Number 59-3672494

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETCH, MAVYNEE OSHUN
5466 GREGG STREET
AMERICAN BEACH FL 32034

7. Name and Address of New Registered Agent

Name

ROWENA STEWART

Street Address (P.O. Box Number is Not Acceptable)

1018 CHERRY POINT WAY

JACKSONVILLE

City

FL

Zip Code

32034

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
After September 10, 2003, min will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BETSCH, MAVYNEE	
STREET ADDRESS	5466 GREGG STREET	
CITY-ST-ZIP	AMERICAN BEACH FL 32034	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	KINNY, VANESSA	
STREET ADDRESS	P O BOX 15661	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS-JENKINS, GLENDA L	
STREET ADDRESS	37 L S MORRISON DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCNEIL, DIANNE	
STREET ADDRESS	5490 ERWIN STREET	
CITY-ST-ZIP	AMERICAN BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, MICHAEL	
STREET ADDRESS	221 EAST OSCEOLA STREET	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, CAROL	
STREET ADDRESS	829 N. DAVID STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWENA STEWART	
STREET ADDRESS	1018 CHERRY POINT WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL ALEXANDER	
STREET ADDRESS	829 NORTH DAVIS ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHONDA BRISTOL	
STREET ADDRESS	1402 BEACH ST.	
CITY-ST-ZIP	FERNANDINA, FL 32034	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY ASBURY	
STREET ADDRESS	4989 SPANISH OAKS CIRCLE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIP SCANLAN	
STREET ADDRESS	1832 VILLAGE COURT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLTON JONES	
STREET ADDRESS	2008 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/03 (904) 696-6666

CR2E037 (4/03)