

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005185

FILED
Sep 08, 2003
Secretary of State

Entity Name: THE ALACHUA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

PO BOX 297
ALACHUA, FL 32616

New Principal Place of Business:

Current Mailing Address:

PO BOX 297
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-3664225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMPKINS, DARRYL J P.A.
14706 MAIN STREET
ALACHUA, FL 32616 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MATTHEWS, EMILIE
Address: PO BOX 297
City-St-Zip: ALACHUA, FL 32616

Title: D/T () Delete
Name: WILSON, SUSAN D
Address: PO BOX 297
City-St-Zip: ALACHUA, FL 32616

Title: D () Delete
Name: TOMPKINS, DARRYL J
Address: POST OFFICE BOX 519
City-St-Zip: ALACHUA, FL 32616

Title: D/T () Delete
Name: TOMPKINS, DARRYL
Address: PO BOX 297
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EMILIE MATTHEWS

DP

09/08/2003

Electronic Signature of Signing Officer or Director

Date