

FILED  
May 20, 2003 8:00 am  
Secretary of State

04-28-2003 90167 021 \*\*\*\*61.25

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

DOCUMENT # N01000006422

1. Entity Name

BIG LAKE FAMILY HISTORY SOCIETY, INC.



Principal Place of Business

9920 N.E. 120TH STREET  
OKEECHOBEE, FL 34972

Mailing Address

P.O. BOX 592  
OKEECHOBEE FL 34973-0592

55042281

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1143910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, FRANCES S  
9920 N.E. 120TH STREET  
OKEECHOBEE, FL 34972

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 PD  
NAME WHEELER, FRANCES S  
STREET ADDRESS 9920 N.E. 120TH STREET  
CITY-ST-ZIP OKEECHOBEE, FL 34972 ☒ Delete

TITLE P/TD  
NAME Long, Tommie J.  
STREET ADDRESS 309 N.W. 7th Street  
CITY-ST-ZIP Okeechobee, FL 34972 ☒ Change ☐ Addition

TITLE VD  
NAME MCMAHON, KATHY  
STREET ADDRESS 4022 S.E. 25TH STREET  
CITY-ST-ZIP OKEECHOBEE, FL 34972 ☒ Delete

TITLE VD  
NAME Durrance, Terisa  
STREET ADDRESS 1012 N.W. 2nd Street  
CITY-ST-ZIP Okeechobee, FL 34972 ☐ Change ☒ Addition

TITLE SD  
NAME THULLBERRY, CAROLYN  
STREET ADDRESS 19590 N.W. 80TH DR.  
CITY-ST-ZIP OKEECHOBEE, FL 34970 ☒ Delete

TITLE SD  
NAME Wheeler, Frances S.  
STREET ADDRESS 9920 N.E. 120th Street  
CITY-ST-ZIP Okeechobee, FL 34972 ☒ Change ☐ Addition

TITLE TD  
NAME LONG, TOMMIE J  
STREET ADDRESS 309 N.W. 7TH STREET  
CITY-ST-ZIP OKEECHOBEE, FL 34972 ☒ Delete

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

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

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

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED*  
Tommie J. Long

4-24-03 (863) 467-2036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)

Attachment

55042281  
#1010000006422

Please note:

I telephoned specifically to ask about the purpose of the "D" after the title and was told it wasn't necessary and to delete it. As you can see I whited it out. Happy to comply with what you request <sup>not sure</sup> how to find out what that is. Yoman J. Long