2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2005 8:00 am **Secretary of State** DOCUMENT # N02000008049 1. Entity Name 03-09-2005 90032 005 ****70.00 THE BELLEVIEW/SOUTH MARION HISTORICAL SOCIETY, INC. Mailing Address Principal Place of Business 5920 STETSON RD PO BOX 188 BELLEVIEW FL 34420 BELLEVIEW FL 34420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EAST BRAD Street Address (P.O. Box Number is Not Acceptable) DEMINA, DAVID M 4101 SE 130 ST BELLEVIEW FL 34420 6019 SE Earn RD Zip Code 34420 Belleview 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. 3-7-2005 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Change M Addition TITLE Delete DEMING, DAVID M NAME NAME EAST, BRAD 4101 SE 130TH ST STREET ADDRESS STREET ADDRESS 6019 SE Earp RD **BELLEVIEW FL 34420** CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW, FL 34420 ☐ Delete ☐ Addition CAUTHEN, ROSALIE NAME NAME CAUTHEN, ROSALIE 825 SE 9TH ST. STREET ADDRESS STREET ADDRESS 825 SE 9th ST **OCALA FL 34471** CITY-ST-ZIP CITY-ST-ZIP OCALA, Fl 34471 Delete TITLE Change ☐ Addition TITLE GWALTNEY, JOE NAME NAME 10691 SE 58TH AVE. STREET ADDRESS STREET ADDRESS BELLEVIEW FL 34420 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE X Change ☐ Addition BASKIN, TERRY NAME NAME BASKIN, TERRY 5450 S MAGNOLIA AVE STREET ADDRESS STREET ADDRESS 5450 S MAGNOLIA AVE. OCALA FL 34474 CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34474 ☐ Addition TITLE ☐ Delete TITLE ☐ Change BROWN, CHARLES NAME NAME 10630 SE US HWY 441 STREET ADDRESS STREET ADDRESS BELLEVIEW FL 33420 CITY-ST-ZIP CITY-ST-ZIP Addition □ Change X Delete DEMING, DOSIE NAME NAME PERRY, MURIEL 4101 SE 130TH ST. STREET ADDRESS STREET ADDRESS 3702 SE 32nd AVE BELLEVIEW FL 34420 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3)fi), 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

FILED

2005

ATTACHMENT

40028918 #NO2000008049

BLOCK 11

ADDITION

BOWMAN, JUNE 3912 CR 201 oxford, fl 34484