

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N02000008049 1. Entity Name THE BELLEVUE/SOUTH MARION HISTORICAL SOCIETY, INC.						
Principal Place of Business 5920 STETSON ROAD BELLEVUE, FL 34420			Mailing Address PO BOX 188 BELLEVUE, FL 34421			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-3523077		
5. Certificate of Status Desired ☐				Applied For Not Applicable		
6. Name and Address of Current Registered Agent HODGDON, DEB 5194 SE 135TH STREET SUMMERFIELD, FL 34491				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				9. Certificate of Status Desired ☐		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by September 12, 2008			10. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CAUTHEN, ROSALIE 825 SE 9TH STREET OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HODGDON, DEB 5194 SE 135TH STREET SUMMERFIELD, FL 34491		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HODGDON, DEB 5194 SE 135TH STREET SUMMERFIELD, FL 34491		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, DOROTHY 10630 SE US HWY 441 BELLEVUE, FL 34420		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRS KINTNER, MARYANN 6235 SE 112 STREET, #1 BELLEVUE, FL 34420		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROWN, CHARLES 10630 SE US HWY 441 BELLEVUE, FL 34420		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BASKIN, TERRY 5450 S. MAGNOLIA AVENUE OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KINTNER, MARYANN 6235 SE 112ST #1 BELLEVUE, FL 34420		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HIS LEDLOW, JOYCE 5629 SE 113TH PLACE BELLEVUE, FL 33420		400131282404 06/13/08--01025--007 **\$61.25			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP EAST, BRAD 6019 SE EARP ROAD BELLEVUE, FL 34420		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EAST, BRAD 6019 SE EARP ROAD BELLEVUE, FL 34420		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Charles H. Brown</u> CHARLES H. BROWN 6-10-08 352-245-6081 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						