


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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90074 002 ****61.25

DOCUMENT # N08326

1. Entity Name
LEMON BAY HISTORICAL SOCIETY, INC.



Principal Place of Business Mailing Address

P.O. BOX 1245 P.O. BOX 1245
ENGLEWOOD FL 34295-1245 ENGLEWOOD FL 34295-1245

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0128230** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, PATRICIA
100 WEST DEARBORN ST.
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

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: *Esther Horton* **ESTHER HORTON, TREASURER** **3/25/03**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, PATRICIA	
STREET ADDRESS	100 WEST DEARBORN ST.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	NUGENT, BETTY TOWNE	
STREET ADDRESS	411 W. DEARBORN ST.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BASCH, DIANE	
STREET ADDRESS	1525 GULD BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HORTON, ESTHER	
STREET ADDRESS	1017 BAY HARBOR DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Esther Horton* **ESTHER HORTON, TREASURER** **3/25/03** **941-474-7721**

CR2E037 (10/02)