2002 UNIFORM BUSINESS REPORT (UDR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

May 30, 2002 8:00 am Secretary of State **DOCUMENT # N09696** 1. Entity Name 04-18-2002 90477 041 ****61.25 SEBASTIAN AREA HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address P.O. BOX 781348 P.O. BOX 781348 SEBASTIAN FL 32978 SEBASTIAN FL 32978 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2716155 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDEVOORDE, RENE G Street Address (P.O. Box Number is Not Acceptable) 1327 N CENTRAL AVE SEBASTIAN FL 32958 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete President TITLE Change Addition WESTFAHL, ARLINE NAME Vande Voorde, Rose G. NAME STREET ADDRESS 754 ROLLING WILL DR STREET ADDRESS 1327 N. Central Ave **E**037 CITY-ST-ZIP SEBASTIAN FY 32958 CITY-ST-ZIP Sebastian Fl 32958 TITLE Delete TITLE V DVP Vice President X Change ☐ Addition VANDEVOORDE, RENE G NAME NAME scherrer, Virgene 1327 N CENTRAL AVE STREET ADDRESS 558 Futch Way Shaction FL 32958 STREET ADDRESS CITY-ST- ZIE SEBASTIAN FL/32958 CITY-ST-ZIP Sebastian FL TILLE. Delete. Secretor .iur - 1)2 Change Addition NAME -Coley Kathlean NAME. STREET ADDRESS 11192 ROSELAND/ROAD 12645+ STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 🖍 CITY-ST-ZIP Sebastian, FL 32958 TDT TITLE 59 Delete TITLE DA Change ☐ Addition MAME BERTLING, WILMA Kilkelly, Shirley 450 Franciscan Are. NAME STREET ADDRESS 1575 CLEARBROOK ST STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-ZIP Jehastian, FL 32958 ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED