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

**FILED**
**Jan 21, 2003 8:00 am**
**Secretary of State**
01-21-2003 90508 008 ****61.25

DOCUMENT # N09696

1. Entity Name
SEBASTIAN AREA HISTORICAL SOCIETY, INC.

10008626

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 781348<br>SEBASTIAN FL 32978 | P.O. BOX 781348<br>SEBASTIAN FL 32978 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 700 Main Street | P.O.Box 781348 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Sebastian, FL | City & State: Sebastian, FL |
| Zip: 32958 Country: USA | Zip: 32978 Country: USA |

4. FEI Number 59-2716155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| VANDEVOORDE, RENE G<br>1327 N CENTRAL AVE<br>SEBASTIAN FL 32958 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VANDA VOORDE, RENE G<br>1327 N CENTRAL AVENUE<br>SEBASTIAN FL 32958 | ☐ Delete | P/D<br>VANDEVOORDE, RENE G.<br>1327 N.Central Avenue<br>Sebastian, FL 32958 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SCHERREN, VIRGENE<br>558 FUTCH WAY<br>SEBASTIAN FL 32958 | ☐ Delete | V/D<br>SCHERRER, VIRGENE<br>558 Futch Way<br>Sebastian, FL 32958 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>COLEY, KATHLEEN<br>8150 126ST STREET<br>SEBASTIAN FL 32958 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>KILKENNY, SHIRLEY<br>450 FRANCISCAN AVENUE<br>SEBASTIAN FL 32958 | ☐ Delete | T/D<br>KILKELLY, SHIRLEY<br>950 Franciscan Ave.<br>Sebastian, FL 32958 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** SHIRLEY KILKELLY Shirley Kilkelly 1/13/03 772 589 5062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #