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

DOCUMENT # N17925

1. Entity Name

WINTER PARK HISTORICAL ASSOCIATION, INC.



FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90204 034 ****61.25

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Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK FLERE IF MAXING CHANGES City & State Chiy & State 4. FEI Number 59-2884695 Na Applied India Applied Zp Country Zp Country S. Certificate of Status Desired SR. 75 Apdition For Programs	PO BOX 51		s	PO B	OX 51				1 ATOM 18128 12881 8221 1	AIBII SIBII AIBIS BEAI		
City & State Country Country Country Country Country S. Certificate of Status Desired S8.75 Additions Frequence Frequence 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code At The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a fer department of registered agent. Signature OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MARGO, NINA H Signature Signature Signature Signature OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MARGO, NINA H Signature Signature Signature OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MARGO, NINA H Signature Signature Signature OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MARGO, NINA H Signature Signature Signature OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MARGO, NINA H Signature Signatu	2. Principal	Place of Busin	ness	3. Ma	ailing Address							
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S. Cartificate of Status Desired S. S. Additions S. Cartificate of Status Desired S. S. J. Additions S. Cartificate of Status Desired S. S. J. Additions S. Cartificate of Status Desired Santa Address of New Registered Agent	City & Sta	ate		- 0	ity & State			4. FEI Number 59	2884695		Applied For	
S. Name and Address of Current Registered Agent Name	Zip		Country	Z	ip	Country	<u> </u>	5. Certificate of Sta	tus Desired			
HAINES, JOHN , DEM 716 N NTERLACHEN AVE WINTER PARK FL 32789 Chy Chy FL Zip Code Chy FL Z		6. Name	and Address of Current	Register	ed Agent			7. Name and Addre	ess of New Regis			
B. 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 familier with, and a the obligations of registered agent. SIGNATURE Signature, proed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing	716 N IN	NTERLACHE	N AVE				Address (P.O. Box Number is No	ot Acceptable)			
SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS IN 11 DO MARGIO, NINA H NAME MARGIO, NINA H SIREET ADDRESS OFFICERS AND DIRECTORS IN 10 Change OFFICERS OFFICERS OFFICERS OFFICERS AND DIRECTORS IN 10 Change OFFICERS O						City			- J P L L L L L L L	FL Zip C	Code	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MARGIO, NINA H 1516E F-HILLCREST, SUITE 212 CITY-ST-2IP DO NAME STREET ADDRESS OTIY-ST-2IP NAME STREET ADDRESS	÷	Signature, typed		and title if ap	9. Election Can	npaign Financing		\$5.00 May Be	Make C	Check Payab	le to	
TITLE NAME NAME STREET ADDRESS OTTY-ST-ZIP ORLANDO FL 32803 DO SAURMAN, ANN 104 OSCLEOLA AVE WINTER PARK OL DO MARCHMAN, KENNETH R 227 W PARK AVE WINTER PARK FL 32789 DEIGLE NAME STREET ADDRESS STREE	10.		OFFICERS AND DIF	RECTORS	<u> </u>	11.						
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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:

Grang Somang & JIRED

1-8-03

407-571-4080