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

FILED
03 APR 25 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21028

1. Entity Name
DADE BATTLEFIELD SOCIETY, INC.

Principal Place of Business	Mailing Address
DADE BATTLEFIELD ST. HIST. SITE 7200 CR 603 BUSHNELL, FL 33513	BATTLEFIELD DR P.O. BOX 309 BUSHNELL, FL 33513-7309

2. Principal Place of Business	3. Mailing Address
	6898 CR 631
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BUSHNELL FL
Zip / Country	Zip: 33513 / Country: US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2820082 ☐ 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
DELANCETT, JOHN 7200 CR 603 BUSHNELL, FL 33513	Name: ~~John G. Delancett~~ SAME Street Address (P.O. Box Number is Not Acceptable): ~~200 E. Robinson Street~~ ~~Suite 500~~ City: ~~Orlando~~ FL Zip Code: ~~32801~~

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: John Delancett
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) 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	TD LETTON, JIM P.O. BOX C OXFORD, FL 34484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VELTEN, JAMES 6898 CR 631 BUSHNELL, FL 33513	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELANCETT, JOHN 442 MALLARD CIRCLE WINTER PARK, FL 327896155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4713 JETTY ST ORLANDO, FL 32817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUMER, FRANK 35247 REYNOLDS DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KREIS, NELLIE 6789 SOUTH INDIAN RIVER DR FT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCNALLY, JEAN 36905 CHURCH AVE DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MCNARY, JEAN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RYAN, ALISON P.O. BOX 526 OXFORD, FL 34484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR 4/25	☐ Change ☐ Addition

CRE037 (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: James M. Velten JAMES M. VELTEN 03/12/03 352 568 2183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

April 21, 2003

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner,

This letter is to certify to you that Dade Battlefield Society, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Warmest regards,

Wendy Spencer, Director
Florida Park Service

WS/pwb

Attachments