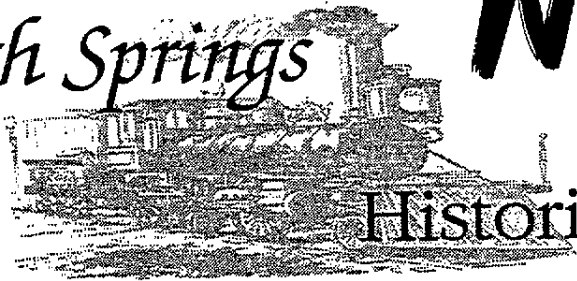


High Springs



Historical Society

N26321

600008334206--7

-10/11/02--01056--003

*****35.00 *****35.00

October 10, 2002

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

Enclosed please find form 301.Amend N/P Corp, a check for the amount of \$35.00, and a copy of our 2002 Uniform Business Report which includes my name, home address, phone number and the mailing address of the High Springs Historical Society.

Sincerely,

Carolyn L. Frederick

Carolyn L. Frederick
Treasurer

High Springs



Historical Society

P.O. Box 1711
High Springs, FL 32655

FILED
02 OCT 11 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
T. Lewis 10/14/02

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

FILED
02 OCT 11 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HIGH SPRINGS AREA HISTORICAL SOCIETY, INC.

(present name)
N26321

(Document Number of Corporation (If known))

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

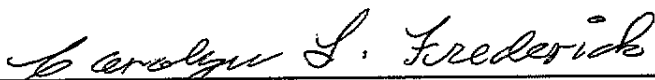
It was agreed to remove the word AREA from the present name of the corporation.

The amended name shall be HIGH SPRINGS HISTORICAL SOCIETY, INC.

SECOND: The date of adoption of the amendment(s) was: August 19, 2002

THIRD: Adoption of Amendment (CHECK ONE)

- ☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.



Signature of Chairman, Vice Chairman, President or other officer

Carolyn L. Frederick

Typed or printed name

Treasurer

October 10, 2002

Title

Date

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26321

1. Entity Name

HIGH SPRINGS AREA HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

HIGH SPRINGS PUBLIC LIBRARY
135 NW 1ST AVE
HIGH SPRINGS FL 32643
US

P. O. BOX 1711
HIGH SPRINGS FL 32643-1711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

ORR, JAYNE
2610 NW 19TH AVE
HIGH SPRINGS FL 32643

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.

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 \$34.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ORR, JAYNE
STREET ADDRESS 2610 NW 19TH AVE
CITY-ST-ZIP HIGH SPRINGS FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME TURNER, LINDA
STREET ADDRESS 20 SW 1ST ST
CITY-ST-ZIP HIGH SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME FREDERICK, CAROLYN
STREET ADDRESS 18821 NW 202ND ST
CITY-ST-ZIP HIGH SPRINGS FL 32643 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Carolyn L. Frederick Carolyn L. Frederick 1-31-2002 (386) 454-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #