N26321

High Springs Historical Society

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

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

High Springs Historical Society
P.O. Box 1711
High Springs, FL 32655

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.

Carolyn L. Frederick

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<br>135 NW 1ST AVE<br>HIGH SPRINGS FL 32643<br>US | P. O. BOX 1711<br>HIGH SPRINGS FL 32643-1711<br>US |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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<br>2610 NW 19TH AVE<br>HIGH SPRINGS FL 32643 | 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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ORR, JAYNE<br>2610 NW 19TH AVE<br>HIGH SPRINGS FL 32643 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>TURNER, LINDA<br>20 SW 1ST ST<br>HIGH SPRINGS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FREDERICK, CAROLYN<br>18821 NW 202ND ST<br>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 #