

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90930 040 \*\*\*\*\*61.25

**DOCUMENT # N44339**

1. Entity Name

**KISSIMMEE VALLEY ARCHAEOLOGICAL AND HISTORICAL C  
ONSERVANCY, INC.**



Principal Place of Business

**195 HUNTLEY OAKS BLVD  
LAKE PLACID FL 33852  
US**

Mailing Address

**195 HUNTLEY OAKS BLVD  
LAKE PLACID FL 33852  
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 **59-3079316**

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

**FITCH, JIM  
13300 US 98  
SEBRING FL 33870**

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. 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 **PD** ☐ Delete  
NAME **REYNOLDS, ANNE**  
STREET ADDRESS **80 BEAR POINT**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **DIANE GRANHOLM**  
STREET ADDRESS **2531 DAVIS CIRCLE**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **VD** ☐ Delete  
NAME **WILDE, CHARLES**  
STREET ADDRESS **195 HUNTLEY OAKS**  
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **TD** ☒ Delete  
NAME **WILDE, JANE**  
STREET ADDRESS **195 HUNTLEY OAKS BLVD**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **WILDE, JANE**  
STREET ADDRESS **195 HUNTLEY OAKS BLVD**  
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **D** ☐ Delete  
NAME **PHELPS, ROD**  
STREET ADDRESS **274 AUGUSTA WAY**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

TITLE **SD** ☐ Delete  
NAME **DUNCAN, CAROLINE**  
STREET ADDRESS **1707 DIVOT LANE**  
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *DIANE GRANHOLM*

**4-12-03 863-382-8745**

CR2E037 (10/02)