

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N92000000873

1. Entity Name
WAKULLA COUNTY HISTORICAL SOCIETY, INC.



FILED

08 NOV 10 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
25 HIGH DR
CRAWFORDVILLE, FL 32327 US

Mailing Address
POST OFFICE BOX 151
CRAWFORDVILLE, FL 32326-0151 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-3095501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, BETTY O
290 WAKULLA-ARRAN RD
PO BOX 969
CRAWFORDVILLE, FL 32326

7. Name and Address of New Registered Agent

Name *Barbara Hines*

Street Address (P.O. Box Number is Not Acceptable)

755 Bob Miller Rd.

City *Crawfordville*

FL Zip Code *32327*

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

Barbara Hines (Barbara H. Hines, President)
Arlan L. Bowen (ARLAN L. BOWEN, TREASURER)

3 Nov 2008

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
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, BETTY O 290 WAKULLA-ARRAN RD CRAWFORDVILLE, FL 32326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DOUGLAS M 381 WHITE OAK DR CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, JANE F 381 WHITE OAK DR CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWEN, ARLAN L. 349 PERSIMMON RD SOPCHOPPY, FL 32358	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMISON, CALVIN 290 WHIT OAK DRIVE CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARVEY, CAROLYN W 102 LONNIE RAKER LN CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barbara Hines 755 Bob Miller Rd. Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dorothy Gray 1608 CHINNAPAKIN NENE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cathy Frank 15 STANLEY DR. CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11/10/08--01027--003 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Arlan L. Bowen* (ARLAN L. BOWEN) TREASURER 3 Nov 2008 850 962 3730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/08