## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

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DOCUMENT # N9300001490  1. Entity Name UNION COUNTY HISTORICAL SOCIETY, INC.						04-2	9-2004 90208 0		
Principal Plac	ce of Business	Mailing Address			1 .		420107	J.	
		175 W. MAIN ST.	<del>-</del>				and the same		
			AKE BUTLER, FL 32054				1 4 1 mg 4 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	•	
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2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03302004 (	Oha NID	CD05007 (10)	00)	
					,	Chg-NP	CR2E037 (10/	<del>0</del> 3)	
City & State		City & State	City & State		4. FEI Number			Applied For	
	\$€				59-31636	81		Not Applicable	
Zip	Country	Zip	Country				- \$8.75	Additional	
4			•		5. Certificate of	Status Desire	d Fee Re		
'	6. Name and Address of Current	Registered Agent			7. Name and Ac	Idress of Nev	w Registered Agent	·	
	# PV\$= 0		Name						
RIVERS, \	WILSON S								
RT 4 BOX	3054		Street Address (			s Not Accepta	able)		
LAKE BUT	TLER, FL 32054								
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A PAGE AND			City				<b>₽</b> ─■ Zip	Code	
A in the	*						FL   ZIP		
	named entity submits this statement for	or the purpose of changing its re	egistered office	or register	ed agent, or both, i	in the State of	Florida. I am familiar	with, and accept	
the obliga	tions of registered agent.								
	it.								
SIGNATURE	<u>"</u> Ž								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign:	ature required	when reinstating)		DATE		
						1	<del>lia kiji, as liji li</del>		
	Filing Fee is \$61.25	9. Election Camp			\$5.00 May Be	2	Make check payal	ole to	
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	Due by May 1, 2004	Trust Fund Co	entribution.		Added to Fees	,	lorida Department	of State	
10.	Due by May 1, 2004	Trust Fund Co		Ц	Added to Fees			1 1 1 1	
10.	Due by May 1, 2004  OFFICERS AND DI	Trust Fund Co	11.	A	Added to Fees		CERS AND DIRECTOR	RS IN 10	
TITLE	OFFICERS AND DI	Trust Fund Co	11.	□   A   P ;	Added to Fees			RS IN 10	
TITLE NAME	OFFICERS AND DIE P MECUSKER, DAVID	Trust Fund Co	11. TITLE NAME	Pi	Added to Fees  ADDITIONS/CHANG	GES TO OFFI	CERS AND DIRECTOR	RS IN 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE P MECUSKER, DAVID RT 4 BOX 2631	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Pi Cindy 290	Added to Fees  ADDITIONS/CHANG  North  North  No First Ave	GES TO OFFI	CERS AND DIRECTOR	RS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MECUSKER, DAVID RT 4 BOX 2631 LAKE BUTLER, FL 32054	Trust Fund Co	11. TITLE NAME	Pindy Cindy 290	Added to Fees  ADDITIONS/CHANG	GES TO OFFI	CERS AND DIRECTOR	RS IN 10 Inge Addition	
TITLE NAME STREET ADDRESS	P MECUSKER, DAVID RT 4 BOX 2631 LAKE BUTLER, FL 32054 VP	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Pi Cindy 290	Added to Fees  ADDITIONS/CHANG  North  North  No First Ave	GES TO OFFI	CERS AND DIRECTOR	RS IN 10 Inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MECUSKER, DAVID RT 4 BOX 2631 LAKE BUTLER, FL 32054	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Picinaly 290 LAKE 1VP	Added to Fees  ADDITIONS/CHANG  North  North  Bytter, Fe 3  Victill	GES TO OFFI	CERS AND DIRECTOR	RS IN 10 Inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MECUSKER, DAVID RT 4 BOX 2631 LAKE BUTLER, FL 32054 VP	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Picinaly 290 LAKE 1VP	Added to Fees  ADDITIONS/CHANG  North  North  Bytter, Fe. 3	GES TO OFFI	CERS AND DIRECTOR	RS IN 10 Inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MECUSKER, DAVID RT 4 BOX 2631 LAKE BUTLER, FL 32054 VP NORTH, CINDY	Trust Fund Co	T1. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Picinaly 290 LAKE 1VP Bill J 275	Added to Fees  ADDITIONS/CHANG  North  North  Better, Fr. 3  McGill  S. Lake Are	GES TO OFFI	CERS AND DIRECTOR	RS IN 10 Inge Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 (904) 630-5345

Daytime Phone #