

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90208 007 ****61.25

DOCUMENT # N93000001490

1. Entity Name
UNION COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business
**175 W. MAIN ST.
LAKE BUTLER, FL 32054**

Mailing Address
**175 W. MAIN ST.
LAKE BUTLER, FL 32054**

0302004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3163681

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

**RIVERS, WILSON S
RT 4 BOX 3054
LAKE BUTLER, FL 32054**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **P** ☒ Delete
NAME **MECUSKER, DAVID**
STREET ADDRESS **RT 4 BOX 2631**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **P** ☒ Change ☐ Addition
NAME **Cindy North**
STREET ADDRESS **290 NE First Ave**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **VP** ☒ Delete
NAME **NORTH, CINDY**
STREET ADDRESS **290 NE FIRST AVENUE**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **IVP** ☐ Change ☒ Addition
NAME **Bill McGill**
STREET ADDRESS **275 S. Lake Ave**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **ST** ☒ Delete
NAME **BEARDEN, JOAN**
STREET ADDRESS **10010 SW 52 ROAD**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **S** ☐ Change ☒ Addition
NAME **Irvine Smith**
STREET ADDRESS **Rt 2 Box 417**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **D** ☐ Delete
NAME **DRIGGERS, MARJORIE,**
STREET ADDRESS **250 NW 3RD STREET**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **T** ☐ Change ☒ Addition
NAME **Pessy Cason**
STREET ADDRESS **250 NW 3rd St.**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **D** ☐ Delete
NAME **BEARDEN, JOAN**
STREET ADDRESS **10010 SW 52 ROAD**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

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

TITLE **D** ☐ Delete
NAME **RIVERS, WILSON**
STREET ADDRESS **RT 4 BOC 3054**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy North
4/27/04 (904) 630-5345
Day Daytime Phone #