

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001490

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: UNION COUNTY HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

175 W. MAIN ST.  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

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

**New Mailing Address:**

FEI Number: 59-3163681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DEKLE, JOHN T  
105 SE 1ST AVE  
LAKE BUTLER, FL 32054 US

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: JOHN T. DEKLE

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NORTZ, CINDY  
Address: 290 NE FIRST AVE.  
City-St-Zip: LAKE BUTLER, FL 32054

Title: 1VP ( ) Delete  
Name: MCGILL, BILL  
Address: 275 S LAKE AV.E  
City-St-Zip: LAKE BUTLER, FL 32054

Title: S ( ) Delete  
Name: SMITH, IRVINE  
Address: RT. 2, BOX 417  
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete  
Name: DRIGGERS, MARJORIE  
Address: 250 NW 3RD STREET  
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete  
Name: BEARDEN, JOAN  
Address: 10010 SW 52 ROAD  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: RIVERS, WILSON  
Address: RT 4 BOC 3054  
City-St-Zip: LAKE BUTLER, FL 32054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NORTH, CINDY  
Address: 290 NE FIRST AVE.  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: OAL (X) Change ( ) Addition  
Name: DEKLE, JOHN T  
Address: 105 SE 1ST AVE  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. DEKLE

OAL

04/29/2005

Electronic Signature of Signing Officer or Director

Date