

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001490

FILED
Dec 11, 2006
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:

175 W. MAIN ST., SUITE 3
LAKE BUTLER, FL 32054

Current Mailing Address:

175 W. MAIN ST.
LAKE BUTLER, FL 32054

New Mailing Address:

175 W. MAIN ST., SUITE 3
LAKE BUTLER, FL 32054

FEI Number: 59-3163681 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 DEKLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORTH, 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: OAL () Delete
Name: DEKLE, JOHN T
Address: 105 SE 1ST AVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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 for the exemption stated 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 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 DEKLE

Electronic Signature of Signing Officer or Director

OAL

12/11/2006

Date