

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005177 (2004 Uniform Business Report)

1. Corporation Name

Sumter County Historical Society, Inc

2. Principal Office Address

6355 East CR-478 South

3. Mailing Office Address

P.O. Box 1621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Center Hill, Florida

City & State

Webster, Florida

Zip

33514

Country

Sumter

Zip

33597

Country

Sumter

4. Date incorporated or Qualified

To Do Business in Florida 11/12/1993

5. FEI Number

16-1673810 New FEI

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SB/P: Additional Fee required for a Certificate of Status

600030501706

03/16/04--01009--018 **70.00

7. Name and Address of Current Registered Agent

Name

Nancy B. Miller

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

6355 East CR-478 South

Suite, Apt. #, Etc.

City

Center Hill

State

FL

Zip Code

33514

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Nancy B. Miller

Date 03/12/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Nancy B. Miller	6355 East CR-478 South	Center Hill, Florida 33514
VPD	Donna Salzman	2330 CR-478A	Webster, Florida 33514
STD	Daniel Farnsworth	12364 CR 223	Oxford, Florida 34484
D	Terri Gilbert	4028 East CR-468	Wildwood, Florida 34785
D	Samuel Coverston	400 CR-314	Bushnell, Florida 33513
D	Sam Parish	2226 CR-505	Wildwood, Florida 34785

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Nancy B. Miller, Nancy B. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/04

Date

352-568-7488

Daytime Phone #

CR2E081 (01/04)