

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90122 017 ****61.25

DOCUMENT # N96000004228

1. Entity Name
THE FLORIDA HISTORICAL LIBRARY FOUNDATION, INC.



Principal Place of Business

**435 BREBARD AVE
COCOA FL 32922
US**

Mailing Address

**435 BREBARD AVE
COCOA FL 32922
US**

11011334



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3400483**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WYNNE, LEWIS N
435 BREBARD AVE
COCOA FL 32922**

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

FILE NOW: FEE IS \$61.25

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 ☐ Delete
NAME **D HARRELL, GEORGE**
STREET ADDRESS **1712 PINEDA ST**
CITY-ST-ZIP **COCOA FL**

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

TITLE ☐ Delete
NAME **D PARRISH, ADA**
STREET ADDRESS **29 RIVERSIDE DRIVE**
CITY-ST-ZIP **COCOA FL**

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

TITLE ☐ Delete
NAME **D FIELDS, ALMA C**
STREET ADDRESS **750 FIELD MANOR DR.**
CITY-ST-ZIP **MERRIT ISLAND FL 32953**

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

TITLE ☐ Delete
NAME **D MANNING, JOHN**
STREET ADDRESS **605 SHOREWOOD DRIVE 505**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE ☐ Delete
NAME **D JACKSON, DAVID**
STREET ADDRESS **3509 W.ROUNDTREE DR.**
CITY-ST-ZIP **COCOA FL 32926**

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

TITLE ☐ Delete
NAME **EXD WYNNE, LEWIS N DR**
STREET ADDRESS **20 VALENCIA ROAD**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

☐ Change ☐ Addition
TITLE
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]* **4/22/03 (321) 690-1971**

CR2E037 (10/02)