


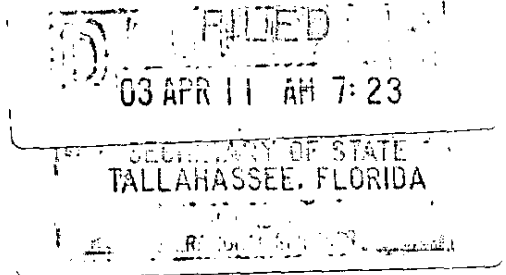
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ps 10 f2

0000946

DOCUMENT # N96000004521

1. Entity Name
FORT MOSE HISTORICAL SOCIETY: AFRICAN AMERICAN COMMUNITY OF FREEDOM, INC.

Principal Place of Business: **FORT MOSE HISTORIC SITE ST AUGUSTINE FL 32085**

Mailing Address: **PO BOX 4230 ST AUGUSTINE FL 32085**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **31-1516528**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRYANT, MICHAEL
26 SANCHEZ AVENUE
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to **Florida Department of State**

FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: MASON, OTIS	Director
STREET ADDRESS: 13 CHRISTOPHER STREET	
CITY-ST-ZIP: ST. AUGUSTINE FL 32095	
TITLE: VD	<input type="checkbox"/> Delete
NAME: MOTLEY, RUTH	Vice President
STREET ADDRESS: 18 SOUTH WHITNEY ST	
CITY-ST-ZIP: ST AUGUSTINE FL 32095	
TITLE: TD	<input type="checkbox"/> Delete
NAME: ELLIS, CHARLES	Treasurer
STREET ADDRESS: 3678 CRAZY HORSE TRAIL	
CITY-ST-ZIP: ST AUGUSTINE FL 32088	
TITLE: PD	<input type="checkbox"/> Delete
NAME: LAWS, LORENZO	President
STREET ADDRESS: 3818 ARROWHEAD DRIVE	
CITY-ST-ZIP: ST AUGUSTINE FL 32088	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: MOORE, GREGORY	
STREET ADDRESS: 8 SEA OAKS DRIVE	
CITY-ST-ZIP: ST AUGUSTINE BEACH FL 32080	
TITLE: SD	<input type="checkbox"/> Delete
NAME: OKON, WALTER	Director
STREET ADDRESS: 13 MEDEIRA STREET	
CITY-ST-ZIP: ST AUGUSTINE FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: THOMAS JACKSON	Secretary
STREET ADDRESS: 917 CHIPPEWA ST	
CITY-ST-ZIP: St. Augustine, FL 32086	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Gerald EUBANKS	Director
STREET ADDRESS: 785 VISCAVA	
CITY-ST-ZIP: St. Augustine, FL 32086	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RONALD RUSSELL	Director
STREET ADDRESS: 66 Sanford St.	
CITY-ST-ZIP: St. Augustine, FL 32084	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Dr. Cecile Sastre	Director
STREET ADDRESS: P.O. Box 1002	
CITY-ST-ZIP: St. Augustine, FL 32085	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Donna J. Lowrie** **3/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2097 (10/02)

19 20F2



Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

April 1, 2003

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner,

This letter is to certify to you that Fort Mose Historical Society : African American Community of Freedom, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Warmest regards,

Wendy Spencer, Director
Florida Park Service

WS/pwb

Attachments