


FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90188 015 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

40023836



DOCUMENT # N97000000737			
1. Entity Name GLADES COUNTY HISTORICAL SOCIETY, INC.			
Principal Place of Business GLADES COUNTY HISTORICAL MUSEUM 270 AVENUE L MOORE HAVEN, FL 33471 US		Mailing Address P.O. BOX 806 MOORE HAVEN, FL 33471	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01052005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2550093		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEUSCHLE, ANNE L 100 1ST STREET MOORE HAVEN, FL 33471		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and life of applicant. (NOTE: Registered Agent's signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P DEUSCHLE, ANNE L 100 1ST STREET MOORE HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, KENNETH L 2273 S BYRON PKWY # 54 PERRY FL 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORNINGSTAR, JUNE 205 YACHT CLUB WAY NE MOORE HAVEN, FL 33471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAUSEIL, AL 2435 RIVERSIDE DR. MOORE HAVEN, FL 33471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIGTON, JULIE 10375 LOWRY LANE MOORE HAVEN, FL 33471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, KENNETH L 174 26TH ST., #3 MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, LEE MRS. 70 TOWER HILL FORT THOMAS, KY 41075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Al Schauseil</u>		1-5-2005 863-946-0242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date of Phone #	