

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

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90085 012 ****61.25

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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

4. FEI Number **59-2550093**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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
After September 10, 2003, min will be \$236.25**

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 **P** ☐ Delete
NAME **DEUSCHLE, ANNE L**
STREET ADDRESS **100 1ST STREET**
CITY-ST-ZIP **MOORE HAVEN FL**

TITLE **D** ☒ Change ☐ Addition
NAME **COOK, KENNETH**
STREET ADDRESS **174 26TH ST #3**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **VP** ☐ Delete
NAME **MORNINGSTAR, JUNE**
STREET ADDRESS **205 YACHT CLUB WAY NE**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **D** ☐ Change ☒ Addition
NAME **NENORTAS, Peter**
STREET ADDRESS **101 1ST ST**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **T** ☐ Delete
NAME **SCHAUSEIL, AL**
STREET ADDRESS **2435 RIVERSIDE DR.**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

TITLE **S** ☐ Delete
NAME **WIGTON, JULIE**
STREET ADDRESS **10375 LOWRY LANE**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

TITLE **D** ☐ Delete
NAME **COOK, KENNETH L**
STREET ADDRESS **100 1ST ST.**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

TITLE **D** ☐ Delete
NAME **BROCK, LEE MRS.**
STREET ADDRESS **70 TOWER HILL**
CITY-ST-ZIP **FORT THOMAS KY 41075**

TITLE ☐ Change ☐ 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.

TREASURER **SCHAUSEIL** **8-3-03** **863-946-0292**
SIGNATURE: SCHAUSEIL

CR2E037 (4/03)