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03 DEC 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N97000002790

1. Entity Name
PARRISH HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
OR S. HERBETS 3201 WILDERNESS BLVD W PARRISH, FL 34219 US	OR S. HERBETS 3201 WILDERNESS BLVD W PARRISH, FL 34219 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO Box 245	1804 Fort Hamer Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Parrish FL	City & State: Parrish FL
Zip: 34219 Country: ☒ US	Zip: 34219 Country: US

4. FEI Number: 31-1572657 ☐ Applied For ☐ Not Applicable

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
HERBETS, STANLEY K 3201 WILDERNESS BLVD W PARRISH, FL 34219	Name: Marie Hastings Street Address (P.O. Box Number is Not Acceptable): 1804 Fort Hamer Rd City: Parrish FL Zip Code: 34219

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] Marie Hastings, Treasurer 12/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERBETS, STANLEY K 3201 WILDERNESS BLVD W PARRISH, FL 32011	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director Holly Cole 11326 30th Cove E Parrish, FL 34219	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT WITT, PAT 139 LANTANA CIRCLE PARRISH, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS KUMARICH, CELE 2946 WILDERNESS BLVD E PARRISH, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HASTINGS, MARIE 1804 FORT HAMER RD PARRISH, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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12/17/03--01011--005 **61.25

COR2E037 (10/02)

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] 12/11/03 941-776-0796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #