

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006309

1. Entity Name

FORT WHITE HISTORICAL SOCIETY, INC.

Principal Place of Business

RTE. 2, BOX 9122
FORT WHITE FL 32038

Mailing Address

RTE. 2, BOX 9122
FORT WHITE FL 32038

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

59-0201970

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

SHELTON, JOAN
RTE. 2, BOX 9122
FORT WHITE FL 32038

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.

SIGNATURE

Joan P. Shelton

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SHELTON, JOAN
STREET ADDRESS RTE. 2, BOX 9122
CITY-ST-ZIP FORT WHITE FL 32038

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

TITLE D ☒ Delete
NAME DARNELL, JUDUTH
STREET ADDRESS RT 2 BOX 6936
CITY-ST-ZIP FORT WHITE FL 32038

TITLE SECRETARY ☐ Change ☒ Addition
NAME Laverne S. Davis
STREET ADDRESS RR 3 Box 1289
CITY-ST-ZIP FORT WHITE, FL 32034

TITLE D ☐ Delete
NAME LANCE, JIM
STREET ADDRESS RT 4 BOX 914
CITY-ST-ZIP FORT WHITE FL 32038

TITLE TREASURER ☐ Change ☒ Addition
NAME MARY LOU LOVE
STREET ADDRESS RT. 1 BOX 2390
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Joan P. Shelton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90004 021 ****70.00



DO NOT WRITE IN THIS SPACE