

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90137 025 ****70.00

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

212 SW Knight

3. Mailing Address

212 S.W. Knight Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT WHITE-FL

City & State

FORT WHITE-FL

Zip

32038

Country

USA

Zip

32038

Country

USA

4. FEI Number **59-0201970**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joan P Shelton President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-03

FILE NOW: FEE IS \$61.25

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

TITLE ☐ Change ☐ Addition
NAME **PD SHELTON, Joan**
STREET ADDRESS **212 SW Knight Ter.**
CITY-ST-ZIP **Ft. White FL 32038**

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

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

TITLE ☐ Delete
NAME **S DAVIS, LAVERNE S**
STREET ADDRESS **RR3 BOX 1289**
CITY-ST-ZIP **FORT WHITE FL 32034**

TITLE ☒ Change ☐ Addition
NAME **T DAVIS, LAVERNE S**
STREET ADDRESS **264 SW OLD N BLACK AVE**
CITY-ST-ZIP **Ft. WHITE - FL - 32038**

TITLE ☒ Delete
NAME **T LENNETTE, DANIELS**
STREET ADDRESS **444 SW LANDER CT**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE ☐ Change ☒ Addition
NAME **S KATHY B. Smyth**
STREET ADDRESS **Rt. 2 Box 8760**
CITY-ST-ZIP **Ft. 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

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* **REQUIRED**

(386)
1-13-03 497-2126

CR2E037 (10/02)