

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 003 ****61.25

DOCUMENT # N98000006756

1. Entity Name

THE HISTORIC VILLAGE OF DUNNELLON, INC.



Principal Place of Business

**20799 WALNUT STRET
DUNNELLON FL 34431**

Mailing Address

**20775 CHESTNUT ST
DUNNELLON FL 34431**

2. Principal Place of Business

3. Mailing Address

20847 Walnut St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dunnellon FL

Zip

Country

Zip

Country

34431 USA

4. FEI Number **59-3545370**

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

**POST, WILLIAM A ESQUIRE
20702 W. PENNSYLVANIA AVENUE
DUNNELLON FL 34431**

7. Name and Address of New Registered Agent

Name

Brenda Goddard

Street Address (P.O. Box Number is Not Acceptable)

20847 Walnut St.

City

Dunnellon

FL

Zip Code

34431

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

Brenda Goddard

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

(NOTE: Registered Agent signature required when reinstating)

4-29-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MYERS, NANCY	
STREET ADDRESS	20799 WALNUT STRET	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, BOB	
STREET ADDRESS	20799 WALNUT STRET	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, ROBIN	
STREET ADDRESS	20799 WALNUT STRET	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRING, BOB	
STREET ADDRESS	20799 WALNUT ST	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWOPE, BARBARA	
STREET ADDRESS	20799 WALNUT ST	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LONG, ROSIE	
STREET ADDRESS	20799 WALNUT ST	
CITY-ST-ZIP	DUNNELLON FL 34431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda Goddard	
STREET ADDRESS	20847 Walnut	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20600 W. Pennsylvania	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20774 W. Pennsylvania	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Lewison	
STREET ADDRESS	20800 Walnut	
CITY-ST-ZIP	Dunnellon, FL 34431	

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:

Barbara Swope

Barbara Swope

4/29/03

352-465-2333

CR2E037 (10/02)