

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005060

1. Entity Name

VERNON HISTORICAL SOCIETY, INC.

Principal Place of Business

SAM MITCHELL PUBLIC LIBRARY
3731 ROCHE AVE.
VERNON FL 32462

Mailing Address

P.O. BOX 923
VERNON FL 32462

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

59-3605768

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

MIDDLETON, FAYE
3019 MAIN ST.
VERNON FL 32462

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

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 PD
NAME MIDDLETON, FAYE
STREET ADDRESS 3019 MAIN STREET
CITY-ST-ZIP VERNON FL 32462 ☐ Delete

TITLE ~~NAME~~ Lloyd White, VD
STREET ADDRESS P.O. Box 53
CITY-ST-ZIP CHIPLEY, FL 32428 ☐ Change ☒ Addition

TITLE VD
NAME BUSNELL, MARY ANN
STREET ADDRESS 4633 FORTUNE POND RD.
CITY-ST-ZIP VERNON FL 32462 ☒ Delete

TITLE ~~NAME~~ Treasure
STREET ADDRESS Mary L. Smith
CITY-ST-ZIP P.O. Box 621
Wausau FL 32463-0621 ☐ Change ☒ Addition

TITLE SD
NAME WELLS, LINDA
STREET ADDRESS 2280 MCFATIER ST.
CITY-ST-ZIP VERNON FL 32462 ☐ 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

TITLE ~~NAME~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01 535-0379

Date Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90110 024 ****61.25

729877



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)