

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005060

1. Entity Name

VERNON HISTORICAL SOCIETY, INC.

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90139 001 ****61.25

Principal Place of Business

Mailing Address

SAM MITCHELL PUBLIC LIBRARY
3731 ROCHE AVE.
VERNON FL 32462

P.O. BOX 923
VERNON FL 32462

2. Principal Place of Business

2989 MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 923

Suite, Apt. #, etc.

City & State

VERNON, FL

City & State

VERNON, FL

Zip

32462

Country

WASHINGTON

Zip

32462

Country

WA.

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

MIDDLETON, FAYE
3019 MAIN ST.
VERNON FL 32462

7. Name and Address of New Registered Agent

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

Faye Middleton

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

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

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

TITLE VD
NAME WHITE, LLOYD
STREET ADDRESS P O BOX 53
CITY-ST-ZIP CHIPLEY FL 32428 ☐ Delete

TITLE T
NAME SMITH, MARY L
STREET ADDRESS P O BOX 621
CITY-ST-ZIP WAUSAU FL 32463-0621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME WELLS, LINDA
STREET ADDRESS 2488 HWY 277
CITY-ST-ZIP Chipley, FL 32428 ☒ Change ☐ Addition

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

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

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

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:

Faye Middleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-02 535-0379

CR2E037 (9/01)