

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005060

1. Entity Name
VERNON HISTORICAL SOCIETY, INC.



Principal Place of Business
**2989 MAIN ST
VERNON, FL 32462**

Mailing Address
**P.O. BOX 923
VERNON, FL 32462**



02282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3605768

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MIDDLETON, FAYE
3019 MAIN ST.
VERNON, FL 32462**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. ☐ **\$5.00 May Be
Added to Fees**

**U000000073736
03/02/04-80049-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MIDDLETON, FAYE 3019 MAIN STREET VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WELLS, LINDA 2488 HWY 277 CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHITE, LLOYD P O BOX 53 CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WELLS, LINDA 2488 HWY 277 CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Faye Middleton
Faye Middleton

March 1, 2004
March 1, 2004

850-535-0379
850-535-0379