2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **N99000007150**

1. Entity Name
CHURCH STREET HISTORIC DISTRICT, INC.

Principal Place of Business	Mailing Address
750 EAST CHURCH ST.	750 EAST CHURCH ST.
BARTOW FL	BARTOW FL
33830	33830

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632732
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALDERMAN DIANE
750 EAST CHURCH ST.
BARTOW FL
33830

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 MARY SUSAN HENRY 05/01/2001
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	TD	☐ Delete	TD	☒ Change ☐ Addition
NAME	BENSON ANA		PETERS BETTY	
STREET ADDRESS	510 NORTH OAK ST.		850 EAST CHURCH ST.	
CITY-ST-ZIP	BARTOW FL 33830		BARTOW FL 33830	
TITLE	VD	☐ Delete	VD	☒ Change ☐ Addition
NAME	JACKSON JAN		ALDERMAN DIANE	
STREET ADDRESS	690 EAST CHURCH ST.		750 EAST CHURCH ST.	
CITY-ST-ZIP	BARTOW FL 33830		BARTOW FL 33830	
TITLE	PD	☐ Delete	PD	☒ Change ☐ Addition
NAME	ALDERMAN DIANE		HENRY MARY	
STREET ADDRESS	750 EAST CHURCH ST.		840 EAST CHURCH ST.	
CITY-ST-ZIP	BARTOW FL 33830		BARTOW FL 33830	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

CR2E037 (11/00)

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: Mary Susan Henry pd 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #