

**STATE OF COLORADO
SECRETARY OF STATE**



**REGISTRATION STATEMENT
FOR COLORADO CHARITABLE ORGANIZATIONS**

For record-keeping purposes only. This form cannot be filed with the Secretary of State.

Initial Registration

Registration Number: 20033006613
PENDING

1. Organization's name: SHERIDAN HISTORICAL SOCIETY, INC.

2. Organization's principal address and any other Colorado offices:

Street address: 4101 S. FEDERAL BLVD.

City: SHERIDAN **State:** CO **Zip:** 80110 **County:** ARAPAHOE

Mailing address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Telephone number: (303) 762-0083 **Fax number:** _____

Email:

Web site: HTTP://WWW.ROOTSWEB.COM/~COSHS

3. Describe the organization's exempt purpose:

TO PROMOTE, SOLICIT AND ENCOURAGE CONTRIBUTIONS FROM COMMUNITY ORGANIZATIONS BOTH PRIVATE AND PUBLIC, AND FROM INDIVIDUALS, OF REAL AND PERSONAL PROPERTY, AND OTHER OBJECTS OR ITEMS OF VALUE, BY DONATION, GIFT, DEVISE, OR OTHERWISE, SUCH CONTRIBUTIONS TO BE DEVOTED TO THE PUBLIC USE IN THE PRESERVATION OF HISTORIC SITES. FURTHER, TO PROMOTE, SOLICIT AND ENCOURAGE CHARITABLE, EDUCATION, HISTORIC, ARTISTIC, MUSICAL AND DRAMATIC PROGRAMS AND EVENTS RELATED TO HISTORIC PERSERVATION.

4. FEIN (Federal Employer Identification Number): 84-1181577

5. Has the organization applied for or been granted IRS tax exempt status? : Yes

Date of determination letter, or of application if determination is pending: 08/06/1992

If tax exempt, IRS code: 501(C)(3)

Are contributions to the organization tax deductible?: Yes

6. List the NTEE code(s) that best describes your organization:

ARTS, CULTURE & HUMANITIES

7. Outside legal firm or service provider helping your organization with state charity office filings:

Name of law firm or service provider: _____

Name of contact person within organization: _____

Address: _____

City: _____ State: ___ Zip: _____

8. Other names under which organization solicits:

9. Custodian of organization's financial records:

Name: ROWLAND, ROGER B _____

Residential address is not considered a public record.

Street address: 14249 E. KANSAS PL. #201 _____

City: AURORA _____ State: CO Zip: 80012 _____

Telephone number: (303) 752-0410 _____

Email: RBROWLAND@ATT.NET _____

10. Names of officers, directors, trustees, and executive personnel of the charitable organization:

Name: MUELLER, CLIFFORD _____

Title: PRESIDENT _____

Street address: 4101 S. FEDERAL BLVD. _____

City: SHERIDAN _____ State: CO Zip: 80110 _____

Telephone number: (303) 762-0083 _____

Email: MAGGCLIFF@COMCAST.NET _____

Name: CARTER, WILLIAM C _____

Title: VICE PRESIDENT _____

Street address: 4101 S. FEDERAL BLVD. _____

City: SHERIDAN _____ State: CO Zip: 80110 _____

Telephone number: (303) 789-3336 _____

Email: _____

Name: HUTCHESON, BONITA _____

Title: SECRETARY _____

Street address: 4101 S. FEDERAL BLVD. _____

City: SHERIDAN _____ State: CO Zip: 80110 _____

Telephone number: (303) 781-2406 _____

Email: OLDPEEP@HOTMAIL.COM _____

Name: ROWLAND, ROGER B _____

Title: TREASURER _____

Street address: 4101 S. FEDERAL BLVD. _____

City: SHERIDAN _____ State: CO Zip: 80110 _____

Telephone number: (303) 752-0410 _____

Email: RBROWLAND@ATT.NET _____

Name: HERMAN, CHARLOTTE
Title: TRUSTEE
Street address: 4101 S. FEDERAL BLVD.
City: SHERIDAN **State:** CO **Zip:** 80110
Telephone number: (303) 789-2670
Email: _____

11. Name of authorized official who signed this registration statement:

Name: MUELLER, CLIFFORD **Date:** 07/29/2003

Name: ROWLAND, ROGER B **Date:** 07/28/2003