

**STATE OF COLORADO
SECRETARY OF STATE**



**REGISTRATION STATEMENT
FOR COLORADO CHARITABLE ORGANIZATIONS**

Renewal

Registration Number: 20033006613

Renewal Id: 20103005858

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:** 801105399 **Country:** UNITED STATES

Mailing address (if different): _____

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

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

Email: RBROWLAND@ATT.NET

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 PRESERVATION.

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. Other names under which organization solicits:

8. Custodian of organization's financial records:

Name: ROWLAND, ROGER B

Phone Number: (303) 750-3435 _____

Email: RBROWLAND@ATT.NET _____

President/Board Chair:

Name: MUELLER, CLIFFORD _____

Street Address: 4101 S FEDERAL BLVD _____

City: SHERIDAN **State:** CO **Zip:** 80110 **Country:** _____

Phone Number: (303) 762-0083 _____

Email: MWC384@MSN.COM _____

9 . Registered Agent:

Name: ROWLAND, ROGER _____

Street Address: 3247 S. PARKER RD. APT. 2007 _____

City: DENVER **State:** CO **Zip:** 800143268 **Country:** _____

Mailing Address: _____

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

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 **Country:** _____

Phone Number: (303) 762-0083 _____

Email: MWC384@MSN.COM _____

Name: CARTER, WILLIAM C _____

Title: VICE PRESIDENT _____

Street Address: 4101 S. FEDERAL BLVD. _____

City: SHERIDAN **State:** CO **Zip:** 80110 **Country:** _____

Phone Number: (303) 789-3336 _____

Email: WCC3332@COMCAST.NET _____

Name: HUTCHESON, BONITA _____

Title: SECRETARY _____

Street Address: 4101 S. FEDERAL BLVD. _____

City: SHERIDAN **State:** CO **Zip:** 80110 **Country:** _____

Phone Number: (303) 781-2406 _____

Email: OLDPEEP2@YAHOO.COM _____

Name: ROWLAND, ROGER B _____

Title: TREASURER _____

Street Address: 4101 S. FEDERAL BLVD. _____

City: SHERIDAN **State:** CO **Zip:** 80110 **Country:** _____

Phone Number: (303) 881-2463 _____

Email: RBROWLAND@ATT.NET _____

Name: YARBROUGH, ROWENA _____

Title: TRUSTEE _____

Street Address: 4101 S. FEDERAL BLVD. _____

City: SHERIDAN **State:** CO **Zip:** 80110 **Country:** _____

Phone Number: (303) 781-3109 _____

Email: ROWENA571@PEOPLEPC.COM _____

Name: WEST, CHARLES

Title: TRUSTEE

Street Address: 4101 S. FEDERAL BLVD.

City: SHERIDAN **State:** CO **Zip:** 801105399 **Country:** _____

Phone Number: (303) 789-2093

Email: _____

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

Name: ROWLAND, ROGER B. **Date:** 05/09/2010