

**STATE OF COLORADO
SECRETARY OF STATE**



**REGISTRATION STATEMENT
FOR COLORADO CHARITABLE ORGANIZATIONS**

Renewal

Registration Number: 20033006613

Renewal Id: 20123009412

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) 881-2463**Email:** RBROWLANDGATT.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:** 700 S HUDSON ST**City:** DENVER **State:** CO **Zip:** 80246 **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:** 03/23/2012