FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723936** **(1)**

1. Corporation Name

ALACHUA COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
513 E UNIVERSITY AVE GAINESVILLE FL 32601-5451 US	P.O. BOX 15221 GAINESVILLE FL 32604-5221 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **23-7225382** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAY, LESTER N. 1010 N.E. 20TH PLACE GAINESVILLE FL 32609	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	P	[X] Change ☐ Addition
NAME	SCOTT, BARBARA S	12 NAME		
STREET ADDRESS	3935 NW 35 PL	13 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP		
TITLE	P	21 TITLE	PAST-PRESIDENT	[X] Change ☐ Addition
NAME	JONES, JOHN PAUL JR	22 NAME		
STREET ADDRESS	6000 NW 17TH PL.	23 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT	32 NAME		
STREET ADDRESS	3809 S.W. 37TH ST.	33 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MAHON, JOHN K	42 NAME		
STREET ADDRESS	4129 SW 2 AVE	43 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MATHESON, CHRIS (MRS.)	52 NAME		
STREET ADDRESS	528 S.E. 1ST AVE.	53 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MAY, LESTER N.	62 NAME		
STREET ADDRESS	1010 N.E. 20TH PLACE	63 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Smith Robert A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 1995 (904) 392-2061
Date Daytime Phone #

0028647

723936

ATTACHMENT

CORPORATION ANNUAL REPORT 1995

ALACHUA COUNTY HISTORICAL SOCIETY, INC. 723936

ITEM 13 (CONTINUED). OFFICERS AND DIRECTORS

7.1 TITLE	HISTORIAN	
7.2 NAME	LATOUR, MARINUS H.	
7.3 ADDRESS	1045 N.E. 5TH ST.	
7.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
8.1 TITLE	S	
8.2 NAME	TALBOT, LOIS L.	
8.3 ADDRESS	2114 N.E. 6TH TER.	
8.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
9.1 TITLE	D	
9.2 NAME	COX, MERLIN G.	
9.3 ADDRESS	4009 N.W. 19TH PL.	
9.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
10.1 TITLE	D	
10.2 NAME	COX, FRANCES	
10.3 ADDRESS	4009 N.W. 19TH PL.	
10.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
11.1 TITLE	D	
11.2 NAME	FULLAGAR, EVELYN L.	
11.3 ADDRESS	1038 N.E. 21ST AVE.	
11.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
12.1 TITLE	D	
12.2 NAME	BONE, WILLIAM R.	
12.3 ADDRESS	838 N.W. 11TH AVE.	
12.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
13.1 TITLE	D	
13.2 NAME	WINTER, SARAH	
13.3 ADDRESS	838 N.W. 11TH AVE.	
13.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
14.1 TITLE	V	(X) Addition
14.2 NAME	TESTRAKE, CAROLINE	
14.3 ADDRESS	4122 N.W. 46TH DR.	
14.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
15.1 TITLE	D	(X) Addition
15.2 NAME	GRAMLING, LEE G.	
15.3 ADDRESS	640 N.W. 36TH TERR.	
15.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	