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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

1-2

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

3. Date Incorporated or Qualified: 07/21/1972
3a. Date of Last Report: 05/01/1995
4. FEI Number: 23-7225382 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAY, LESTER N.
1010 N.E. 20TH PLACE
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCOTT, BARBARA S 3935 NW 35 PL GAINESVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP JONES, JOHN PAUL JR 6000 NW 17TH PL. GAINESVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, ROBERT 3809 S.W. 37TH ST. GAINESVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHON, JOHN K 4129 SW 2 AVE GAINESVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHESON, CHRIS (MRS.) 528 S.E. 1ST AVE. GAINESVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAY, LESTER N. 1010 N.E. 20TH PLACE GAINESVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 26 April 1996 (352)392-2061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

723936

L-2

ATTACHMENT

CORPORATION ANNUAL REPORT 1996

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
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
15.2	NAME	GRAMLING, LEE G.
15.3	ADDRESS	640 N.W. 36TH TERR.
15.4	CITY-ST-ZIP	GAINESVILLE, FL 32607