


FILE NOW: FILING FEE IS \$61.25

FILED

**May 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 723936 (1)

1. Corporation Name
ALACHUA COUNTY HISTORICAL SOCIETY, INC.



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

3. Date incorporated or Qualified 07/21/1972	
4. FEI Number 23-7225382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PP	<input type="checkbox"/> DELETE
NAME	SCOTT, BARBARA S	
STREET ADDRESS	3935 NW 35 PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, JOHN PAUL JR	
STREET ADDRESS	6000 NW 17TH PL.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	Y	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	3809 S.W. 37TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHON, JOHN K	
STREET ADDRESS	4129 SW 2 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PICKARD, JOHN B	
STREET ADDRESS	408 N.E. 7TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAY, LESTER N.	
STREET ADDRESS	1010 N.E. 20TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 29 April 1998 (352)392-2061

CR2E037 (10/97)

ATTACHMENT

CORPORATION ANNUAL REPORT 1998

ALACHUA COUNTY HISTORICAL SOCIETY, INC. 723936

ITEM 13 (CONTINUED). OFFICERS AND DIRECTORS

7.1	TITLE	V
7.2	NAME	TESTRAKE, CAROLINE
7.3	ADDRESS	4122 N.W. 46TH DR.
7.4	CITY-ST-ZIP	GAINESVILLE, FL 32606
8.1	TITLE	S
8.2	NAME	HUDSON, VICTORIA A.
8.3	ADDRESS	9046 S.W. 102ND TERR.
8.4	CITY-ST-ZIP	GAINESVILLE, FL 32608
9.1	TITLE	HISTORIAN
9.2	NAME	LATOUR, MARINUS H.
9.3	ADDRESS	1045 N.E. 5TH ST.
9.4	CITY-ST-ZIP	GAINESVILLE, FL 32601
10.1	TITLE	D
10.2	NAME	COX, MERLIN G.
10.3	ADDRESS	4009 N.W. 19TH PL.
10.4	CITY-ST-ZIP	GAINESVILLE, FL 32605
11.1	TITLE	D
11.2	NAME	COX, FRANCES
11.3	ADDRESS	4009 N.W. 19TH PL.
11.4	CITY-ST-ZIP	GAINESVILLE, FL 32605
12.1	TITLE	D
12.2	NAME	FULLAGAR, EVELYN L.
12.3	ADDRESS	1038 N.E. 21ST AVE.
12.4	CITY-ST-ZIP	GAINESVILLE, FL 32609
13.1	TITLE	D
13.2	NAME	BONE, WILLIAM R.
13.3	ADDRESS	838 N.W. 11TH AVE.
13.4	CITY-ST-ZIP	GAINESVILLE, FL 32601
14.1	TITLE	D
14.2	NAME	WINTER, SARAH
14.3	ADDRESS	838 N.W. 11TH AVE.
14.4	CITY-ST-ZIP	GAINESVILLE, FL 32601
15.1	TITLE	D
15.2	NAME	HILL, BEVERLY
15.3	ADDRESS	3826 S.W. 5TH PL.
15.4	CITY-ST-ZIP	GAINESVILLE, FL 32607
16.1	TITLE	D
16.2	NAME	COOPER, BURNHAM R.
16.3	ADDRESS	16718 N.W. 40TH PL.
16.4	CITY-ST-ZIP	NEWBERRY, FL 32669
17.1	TITLE	D
17.2	NAME	LAURIE, MURRAY D.
17.3	ADDRESS	2858 S.W. 14TH DR.
17.4	CITY-ST-ZIP	GAINESVILLE, FL 32608