CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 740790 (1)

1. Corporation Name
AMELIA ISLAND MUSEUM OF HISTORY, INC.

Principal Place of Business	Mailing Address
233 S. 3RD ST. FERNANDINA BEACH FL 32034	233 S. 3RD ST. FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: 11/16/1977
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1867595 — Applied For / Not Applicable

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

5. Certificate of Status Desired [X] — $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 [ ] No

9. Name and Address of Current Registered Agent

MANN, JEAN D.
2048 OAK MARSH DR.
FERNANDINA BEACH FL 32034
Jean D. Mann

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 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 JEAN D. MANN 3/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	JACCARD, DEON L.	1.2 NAME	
STREET ADDRESS	11 MARIAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH, FL 0	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	[ ] Change [ ] Addition
NAME	MCLEOD, MARGARET	2.2 NAME	
STREET ADDRESS	2601 VIA DEL REY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH, FL 0	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD [X] Change [ ] Addition
NAME	PHILCOX, WENDY W.	3.2 NAME	Hardee, Suzanne
STREET ADDRESS	P.O. BOX 1374 N/A	3.3 STREET ADDRESS	21 N. 15th Street
CITY-ST-ZIP	FERNANDINA BCH FL 32035	3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	TD	4.1 TITLE	[ ] Change [ ] Addition
NAME	MANN, JEAN D.	4.2 NAME	
STREET ADDRESS	2048 OAK MARSH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	LEWIS, EDWIN G.	5.2 NAME	
STREET ADDRESS	116 OCEAN RIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D [X] Change [ ] Addition
NAME	HARDEE, SUZANNE	6.2 NAME	Thomas, Richard
STREET ADDRESS	21 N. 15TH STREET	6.3 STREET ADDRESS	209 S. 17th St.
CITY-ST-ZIP	FERNANDINA BCH, FL 0	6.4 CITY-ST-ZIP	Fernandina Beach, FL 32034

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: Jean D. Mann — JEAN D. MANN 3/20/39 904-261-7378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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