

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified
11/16/1977

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1867595

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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** ☐ DELETE
NAME **JACCARD, DEON L.**
STREET ADDRESS **11 MARIAN DRIVE**
CITY - ST - ZIP **FERNANDINA BCH, FL 0**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **SD** ☒ DELETE
NAME **MCLEOD, MARGARET**
STREET ADDRESS **2601 VIA DEL REY**
CITY - ST - ZIP **FERNANDINA BCH, FL 0**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Secretary**
2.3 STREET ADDRESS **Diane Pasieka**
2.4 CITY - ST - ZIP **2782 E. Park Sq. Pl.**

TITLE **VD** ☐ DELETE
NAME **HARDEE, SUZANNE**
STREET ADDRESS **21 N 15TH ST**
CITY - ST - ZIP **FERNANDINA BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **MANN, JEAN D.**
STREET ADDRESS **2048 OAK MARSH DR.**
CITY - ST - ZIP **FERNANDINA BCH FL 32034**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **LEWIS, EDWIN G.**
STREET ADDRESS **116 OCEAN RIDGE DR.**
CITY - ST - ZIP **FERNANDINA BCH FL 32034**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **THOMAS, RICHARD**
STREET ADDRESS **209 S 17TH ST**
CITY - ST - ZIP **FERNANDINA BEACH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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, Treasurer

904-261-0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)