FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997DOCUMENT #

740790

(1)

1. Corporation Name												
AMELIA ISLAND MUSEUM OF HISTORY, INC.												
							Į				ALIK ILIQIJ LLEL	
Principal Place of Business Mailing Address												
233 S. 3RD ST. 233 S. 3RD ST.							- }					
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034-										٠		
							İ	3. Date Incorporated or Qualified	3a. Da	ate of Last R	Report	
								11/16/1977		03/27/19	96	
2. Principal F	lace of Busi	ness	2a. I	2a. Mailing Address				4. FEI Number 59-1867595			pplied For	
21 Suite Apl. # ole				Suite, Apt, #, etc.				08-1001080			ot Applicable	
Suite, Apt. #, etc.				27				6. Certificate of Status Desired			Additional equired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution Added to Fees				
Zıp	Country			Zip Country			ļ	8. This corporation has liability for intangible tax under s. 199.032,				
24	9, Name and Address of Current			[29] [30]				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	BIIO AUGISTS	Ourion nogiste	Man vilan	81	Name	····	IV. Halle alla Addides of Hea Ne	Aietelen	Maile			
MANN	HEAN D				10	<u> </u>	A -1 -1	- /D O D - 11 - 1- 12 N - 1 - 1				
MANN, JEAN D. 2048 OAK MARSH DR.					4° , g/3°2	\$2 Street Address (P.O. Box Number is Not Acceptable)						
MANN, JEAN D. 2048 OAK MARSH DR. FERNANDINA BEACH FL 32034					/\ ⁴ /\ 83							
W/					84	City				85 Zip	Code	
						"	FL I '					
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 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 regist agent. I are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										ts registered registered		
										·		
SIGNATURE	Signal ire, types	or printed name of re	gistered agent and title if		TE Registered Ag	ervi signature	required	when reinstating)	DATE	7//		
12.	\bigcirc	OFFIC	ERS AND DIREC		13,			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	AS IN 12	
TITLE	PD			DELETE	1.1 TITLE			rector		☐ Change	Addition	
NAME	JACCARD, DEON L.							lly McGuire	a			
STREET ADDRESS	CERTIFICATION - BOLL EL A			.			2414 Beachwood Road Amelia Island, FL 32034					
CITY-ST-ZIP TITLE	S	NUNA DUN, F	LV	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	32034	Change	Addition	
I NAME	ι •	(A, DIANE		Jan San San San San San San San San San S	2.2 NAME			cretary cki Gibson		C 0.11.190	*	
STREET ADDRESS				E				944 Summer Beach Blvd.				
CITY-ST-ZIP	MEDITALIBIA BEAGUE				2. 4 CITY-			elia Island, FL				
TITLE	VD			DELETE	3.1 TITLE			ce President		Change	Addition	
NAME	l .	E, SUZANNE			3.2 NAME		ſ	ncy Keahey			1	
STREET ADDRESS	21 N 1				3.3 STAEE	T ADDRESS	173	33 N. Fletcher As	7e.			
CITY-ST-ZIP		ndina Beach	I FL	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	Fei	rnandina Beach, I	7L 32	034	Addition	
TITLE NAME	TD	JEAN D.			4.1 THEE	: i				fred Augusta		
STREET ADDRESS		AK MARSH DI	R.			t address	1					
CITY-ST-ZIP		NDINA BCH FI			4.4 City-							
TITLE	D			DELETE	5.1 YITLE		Dir	ector		Change	Addition	
NAME		EDWIN G.		•	5.2 NAME		Jin	Williams			^	
STREET ADDRESS	1	CEAN RIDGE D			5.3 STREE	T ADDRESS		78 Light Wind Dri	ve		i	
CITY-ST-ZIP	FERNA	NDINA BCH F	L 32034		5.4 CITY-		Ame	lia Island, FL 3	2034			
TITLE	D			☐ DELETE	6.1 TITLE		Pr	resident/Director	•	Change	Addition	
NAME		IS, RICHARD			6.2 NAME		l					
STREET ADDRESS	209 S	17TH ST			6.3 STREE	T ADORESS	1					

14. I do 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 by on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE

FERNANDINA BEACH FL

AGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/24/97

904-261-0211 Daytima Phone # 0000200

FILED

May 01 1997 8:00am

Secretary of State