


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000991
 1. Entity Name
A.L. LEWIS HISTORICAL SOCIETY, INC.



Principal Place of Business
 1018 CHERRY POINT WAY
 JACKSONVILLE, FL 32218

Mailing Address
P.O. Box 15563
 1018 CHERRY POINT WAY
 JACKSONVILLE, FL 32218
FERNANDINA BEACH, FL 32035



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3672494 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEWART, ROWENA
 1018 CHERRY POINT WAY
 JACKSONVILLE, FL 32034

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) **1/08/2004**

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, ROWENA 1018 CHERRY POINT WAY JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRISTOL, RHONDA 1402 BEACH ST FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS-JENKINS, GLENDA L 37 L S MORRISON DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASBURY, BEVERLY 4989 SPANISH OAKS CIR AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANLAN, PHILLIP 1832 VILLAGE CT AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXANDER, CAROL 829 N. DAVID STREET JACKSONVILLE, FL 32202

U00000001760
 01/12/04-80024-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* TD **1/08/2004** **904-321-5696**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #