

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37989 (3)

1. Corporation Name
DESOTO COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business % BUD COSTNER RT. 4, BOX 195 ARCADIA FL 33821	Mailing Address % BUD COSTNER RT. 4, BOX 195 ARCADIA FL 33821
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21. Principal Place of Business P.O. Box 2199 Suite, Apt. #, etc.	22. Mailing Address P.O. Box 2199 Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JAN 27 PM 3: 55

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1990	3a. Date of Last Report 04/15/1994
4. FEI Number 59-3018187	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COSTNER, G C
RT. 4, BOX 195 - 3028 N.E. ARCADIA AVE.
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	WILSON, LUKE
STREET ADDRESS	914 MIZELLE AVE
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	V
NAME	GAMMNGZ, NELL
STREET ADDRESS	5029 PLACIDVIEW DR
CITY-ST-ZIP	LAKE PLACID FL 33852
TITLE	S
NAME	LEIPOLD, JUDITH
STREET ADDRESS	RT 1 BOX 892
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	D
NAME	JENNINGS, ROBERT E
STREET ADDRESS	408 E OAK ST
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	D
NAME	THOMPSON, HAL H.
STREET ADDRESS	RT 1 BOX 487
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	D
NAME	JOHNSON, BURNETTA
STREET ADDRESS	RT 6 BOX 6584
CITY-ST-ZIP	ARCADIA FL 33821

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	-487 S.E. Rice St.
5.4 CITY-ST-ZIP	ARCADIA, FL 33821
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1/20/95 813-491-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR