

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N 37989 (3)**

1. Corporation Name  
**DESOTO County Historical Society, INC**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **05/04/1990** 3a. Date of Last Report **1/20/95**

2. Principal Place of Business  
21 **P.O. Box 2199**  
22 Suite, Apt. #, etc.  
23 **ARCADIA**  
24 **33821** 25 **DESOTO**  
2a. Mailing Address  
26 **P.O. Box 2199**  
27 Suite, Apt. #, etc.  
28 **ARCADIA**  
29 **33821** 30 **DESOTO**

4. FEI Number **59-3018187**  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**COSTNER, G.C.**  
**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) **400001764154**  
83 **-04/01/96--01025--025**  
84 City **\*\*\*61.25** 85 Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, LUKE</b>
STREET ADDRESS	<b>914 MIZELL AVE</b>
CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GAMMAGE, NEIL</b>
STREET ADDRESS	<b>5029 PIAQVIEW DR</b>
CITY - ST - ZIP	<b>LAKE PIAQ, FL 33852</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LEIPOLD, JUDITH</b>
STREET ADDRESS	<b>RT 1 - BOX 892 N/A</b>
CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JENNINGS, ROBERT</b>
STREET ADDRESS	<b>408 E. OAK ST.</b>
CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, HAL H.</b>
STREET ADDRESS	<b>RT 1 - BOX 481 N/A</b>
CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, BURNETTA</b>
STREET ADDRESS	<b>RT 6 - BOX 551 N/A</b>
CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>REYNOLDS, JOHN A.</b>
13 STREET ADDRESS	<b>P.O. BOX 1309 N/A</b>
14 CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
21 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DAVIS, CONSTANCE</b>
23 STREET ADDRESS	<b>P.O. BOX 2760 N/A</b>
24 CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
31 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>HAMILTON, BETH R.</b>
33 STREET ADDRESS	<b>P.O. BOX 247 N/A</b>
34 CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
41 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>A.C. POLK</b>
43 STREET ADDRESS	<b>518 E. OAK ST.</b>
44 CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>JONES, DEBORAH</b>
53 STREET ADDRESS	<b>600 W. CRAWFORD ST.</b>
54 CITY - ST - ZIP	<b>ARCADIA, FL 33821</b>
61 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>GAMMAGE, NEIL</b>
63 STREET ADDRESS	<b>5029 PIAQVIEW DR</b>
64 CITY - ST - ZIP	<b>LAKE PIAQ, FL 33852</b>

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: **G.C. COSTNER**

Date: **3/12/96** Daytime Phone: **941-494-4880**

**SG 3-30-96**

CR2E037 (12/95)