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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N37989 (3)
1. Corporation Name
DESOTO COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business Mailing Address
P. O. BOX 2199 ARCADIA FL 33821 34265
US P. O. BOX 2199 ARCADIA FL 34265-2199 US

3. Date incorporated or Qualified 05/04/1990
3a. Date of Last Report 03/30/1996
4. FEI Number 59-3018187 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
COSTNER, G C
3028 N.E. ARCADIA AVE.
ARCADIA FL-33821-34266

10. Name and Address of New Registered Agent
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 *Donald C. Costner* (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	REYNOLDS, JOHN A	
STREET ADDRESS	P.O. BOX 1309 N/A	
CITY-ST-ZIP	ARCADIA FL-33821 34265	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONSTANCE, DAVIS	
STREET ADDRESS	P.O. BOX 2760 N/A	
CITY-ST-ZIP	ARCADIA FL 33821 34265	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAMILTON, RUTH H R	
STREET ADDRESS	P.O. BOX 247	
CITY-ST-ZIP	NOCATEZ FL-33864 34268	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLK, A.C. T E	
STREET ADDRESS	518 E OAK ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DELORES	
STREET ADDRESS	600 W CRAWFORD ST	
CITY-ST-ZIP	ARCADIA FL 33821-34266	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMMACZ, NELL	
STREET ADDRESS	5029 PLACIDVIEW DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REYNOLDS, JOHN A.	
1.3 STREET ADDRESS	3028 NE ARCADIA AVE	
1.4 CITY-ST-ZIP	ARCADIA, FL 34266	
2.1 TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVIS, CONSTANCE	
2.3 STREET ADDRESS	3028 NE ARCADIA AVE	
2.4 CITY-ST-ZIP	ARCADIA, FL 34266	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAMILTON, RUTH	
3.3 STREET ADDRESS	3028 NE ARCADIA AVE	
3.4 CITY-ST-ZIP	ARCADIA, FL 34266	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	POLK, A.C. JR.	
4.3 STREET ADDRESS	518 E. OAK ST.	
4.4 CITY-ST-ZIP	ARCADIA, FL 34266	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JONES, DELORES	
5.3 STREET ADDRESS	600 W. CRAWFORD	
5.4 CITY-ST-ZIP	ARCADIA, FL 34266	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GAMMACZ, NELL	
6.3 STREET ADDRESS	5029 PLACIDVIEW DR	
6.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	

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 on an attachment with an address

SIGNATURE: *John A. Reynolds* 3-2-97 941-424-1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063935

CR2E037 (9/96)