

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N21028

(8)

1. Corporation Name

DADE BATTLEFIELD SOCIETY, INC.

APPROVED
AND
FILED

10F 2

96 MAY -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**BATTLEFIELD DR.
P.O. BOX 309
BUSHNELL FL 33513-7309**

Mailing Address

**BATTLEFIELD DR.
P.O. BOX 309
BUSHNELL FL 33513-7309**

3. Date Incorporated or Qualified
06/08/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Dade Battlefield St. Hist. Site**

26 Suite, Apt. #, etc.

22 **7200 CR 603**

27 Suite, Apt. #, etc.

23 **Bushnell, FL**

28 City & State

24 **33513**

25 **Sumter**

29 Zip

30 Country

4. FEI Number
59-2820082

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANN, SHEILA
HIGHWAY 301 NORTH
BUSHNELL FL 33513**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MANN, SHEILA**
STREET ADDRESS **HIGHWAY 301 NORTH**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **D** ☐ DELETE
NAME **DEHART, JASON**
STREET ADDRESS **RT. 1**
CITY-ST-ZIP **OXFORD FL**

TITLE **D** ☐ DELETE
NAME **LAUMER, FRANK**
STREET ADDRESS **35247 REYNOLDS**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **T** ☐ DELETE
NAME **ALLEN, CHARLENE**
STREET ADDRESS **ROUTE 3, BOX 233F**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **D** ☐ DELETE
NAME **GIRON, RAYMOND**
STREET ADDRESS **P.O. BOX 316 N/A**
CITY-ST-ZIP **MCINTOSH FL**

TITLE **VS** ☐ DELETE
NAME **MONTGOMERY, JEFFREY J**
STREET ADDRESS **12346 S. IRIS PT.**
CITY-ST-ZIP **FLORAL CITY FL 34436**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DeHart, Jason**
2.3 STREET ADDRESS **11982 CR 209**
2.4 CITY-ST-ZIP **Oxford, FL 34484**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Allen, Charlene**
4.3 STREET ADDRESS **4012 CR 532 S**
4.4 CITY-ST-ZIP **Bushnell, FL 33513**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Jeffrey J. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

Date

352-754-6777

Daytime Phone #

CR2E037 (12/95)