


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>721272</b> (3) 1. Corporation Name <b>ORANGE COUNTY HISTORICAL SOCIETY, INC.</b>			
Principal Place of Business <b>812 E ROLLINS ST ORLANDO FL 32803</b>		Mailing Address <b>812 E ROLLINS ST ORLANDO FL 32803-1221</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>06/30/1971</b>		3a. Date of Last Report <b>04/15/1996</b>	
4. FEI Number <b>59-1860444</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent  <b>VAN ARSDEL, SARA 812 E ROLLINS ST. ORLANDO FL 32803</b>		10. Name and Address of New Registered Agent 81 Name <input checked="" type="checkbox"/> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0902 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 <i>[Signature]</i> <b>Director</b> <b>4/11, 1997</b> <small>(Signature of officer or director required when changing registered office or agent)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> NAME <b>PLEUS, ROBERT J. JR.</b> STREET ADDRESS <b>812 E. ROLLINS ST.</b> CITY - ST - ZIP <b>ORLANDO, FL 0</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>WARLUCK, TOM</b> STREET ADDRESS <b>812 E. ROLLINS ST.</b> CITY - ST - ZIP <b>ORLANDO FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>SAUNDERS, ALESANDRA</b> STREET ADDRESS <b>812 E ROLLINS ST</b> CITY - ST - ZIP <b>ORLANDO, FL 0</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b> NAME <b>BERTULLI, SUSAN</b> STREET ADDRESS <b>812 E ROLLINS ST</b> CITY - ST - ZIP <b>ORLANDO FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>ARSDEL, SARA V</b> STREET ADDRESS <b>812 E. ROLLINS STREET</b> CITY - ST - ZIP <b>ORLANDO FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>BAZZO, RICHARD A.</b> STREET ADDRESS <b>812 E. Rollins St</b> CITY - ST - ZIP <b>ORLANDO, FL.</b>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/11/97</b> <b>407-897-6350</b> <small>Date Daytime Phone # 0018264</small>	

CR2E037 (9/96)