

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **721272** (3)

1. Corporation Name

**ORANGE COUNTY HISTORICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

**812 E ROLLINS ST  
ORLANDO FL 32803**

**812 E ROLLINS ST  
ORLANDO FL 32803**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/30/1971**

4. FEI Number

**59-1860444**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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 617.0503 and 617.1503, 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

*Sara Van Arsdel*  
Signature typed or printed name of registered agent and title if applicable

**Sara Van Arsdel, Executive Director**

**4/15/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PLEUS, ROBERT J. JR.</b>	
STREET ADDRESS	<b>812 E. ROLLINS ST.</b>	
CITY - ST - ZIP	<b>ORLANDO, FL 0</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BAZZO, RICHARD A</b>	
STREET ADDRESS	<b>812 E. ROLLINS ST</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAUNDERS, ALESANDRA</b>	
STREET ADDRESS	<b>812 E ROLLINS ST</b>	
CITY - ST - ZIP	<b>ORLANDO, FL 0</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERTULLI, SUSAN</b>	
STREET ADDRESS	<b>812 E ROLLINS ST</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARSDDEL, SARA V</b>	
STREET ADDRESS	<b>812 E. ROLLINS STREET</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>John Daughtridge</b>	
1.3 STREET ADDRESS	<b>812 E. Rollins</b>	
1.4 CITY - ST - ZIP	<b>Orlando, FL. 32803</b>	

2.1 TITLE	<b>Past President</b>	<input checked="" 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	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Marnie Emil ( Mrs. David)</b>	
4.3 STREET ADDRESS	<b>812 E. Rollins St.</b>	
4.4 CITY - ST - ZIP	<b>Orlando, FL 3208</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

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 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:

*Sara Van Arsdel*

**Sara Van Arsdel, Exec. Director**

**4/15/98**

**407-897-6350**

CR2E037 (10/97)