

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21028

1. Corporation Name

DADE BATTLEFIELD SOCIETY, INC.

Principal Place of Business

DADE BATTLEFIELD ST. HIST. SITE
7200 CR 603
BUSHNELL FL 33513

Mailing Address

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

99 APR -5 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/08/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2820082	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				Not Applicable	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ROBERTS-WEBSTER, BARBARA
DADE BATTLEFIELD STATE HISTORIC SITE
7200 CR 603
BUSHNELL FL 33513

10. Name and Address of New Registered Agent

81 Name Barbara Roberts-Webster
82 Street Address (P.O. Box Number is Not Acceptable)
7200 CR 603
83
84 City Bushnell FL 85 Zip Code 33513

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

Barbara Roberts

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

(NOTE: Registered Agent signature required when reinstating)

3/11/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	ROBERTS-WEBSTER, BARBARA	1.2 NAME	
STREET ADDRESS	7200 CR 603	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	KEPNER, BRIAN	2.2 NAME	
STREET ADDRESS	3428 NW 22 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605-2345	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	LAUMER, FRANK	3.2 NAME	
STREET ADDRESS	35247 REYNOLDS	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	MORRIS, JERRY	4.2 NAME	
STREET ADDRESS	7710 CORAL VINE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GIRON, RAYMOND	5.2 NAME	
STREET ADDRESS	P.O. BOX 316 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH FL 32664	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	KREIS, ALISON	6.2 NAME	
STREET ADDRESS	P.O. BOX 1883 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	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, with all other like empowered.

SIGNATURE:

Barbara Roberts-Webster

3/11/99

Date

(352) 793-4981

Daytime Phone #

CR2E037 (1/98)