## **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 # 721272**

1. Corporation Name

ORANGE COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business 812 E ROLLINS ST ORLANDO FL 32803

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2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

812 E ROLLINS ST ORLANDO FL 32803

2a. Mailing Address

Suite, Apt. #, etc.

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## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90091 007 \*\*\*\*61.25



3. Date Incorporated or Qualifed

06/30/1971

4. FEI Number

22				59-1860444	Not	Applicable		
	27   City & State   City & State				5. Certificate of Status Desired	\$8.75 Additional		
3 28					5. Certifcate of Status Desired	Fee Rec	uired	
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.00 r	\$5.00 May Be	
24	25 29 3				Trust Fund Contribution	Added to	Fees	
•	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent		
			81	Name				
VAN ARSDEL, SARA				Street Ad	Idress (P.O. Box Number is Not Acceptable)			
812 E ROLLINS ST. ORLANDO FL 32803								
			83					
			84	City		85 Zip C	ode	
				•		FL     -   -		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	the above	-named co	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its repointment as reg	registered Jistered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Florid	da Statutes.		, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE								
	Signature, typed or printed name of registered age		Registered Agent	t signature requ	uired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
12.		ID DIRECTORS	1.1 TITLE	·	ADDITIONS/OFFICES TO OFFICEN	[] Change	Addition	
TITLE	PALIOLEDIDOE JOUR		1.1 IIILE				٠	
NAME	DAUGHTRIDGE, JOHN			ADDDESO				
	812 E. ROLLINS ST.		1.3 STREET					
CITY-ST-ZIP	ORLANDO, FL 0 32803	DELETE	1.4 CITY-ST	-Z!P		[7] Change	Addition	
TITLE	PD PATTO PICHADO A	□ DELETE	2.1 TITLE			[_] outside		
NAME	BAZZO, RICHARD A		2.2 NAME				,	
STREET ADDRESS	812 E. ROLLINS ST		2.3 STREET	1				
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	2. 4 CITY-S	T-ZIP	M' Daggiage	Change	Addition	
TITLE	SD- *		3.1 TITLE		Vice Presiotat	The currings		
NAME	SAUNDERS, ALESANDRA	a_	3.2 NAME		chao martin		,	
STREET ADDRESS	1		3.3 STREET					
CITY-ST-ZIP	ORLANDO, FL 0	DELETE	3.4. CITY-S	T-ZIP		☐ Change	[ ] Addition	
TITLE	PARIL BAADAIIE.	□ DELETE	4.1 TITLE	_		ي درسيون		
NAME	EMIL, MARNIE		4. 2 NAME	1 -	Paul Allen			
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP	ORLANDO FL 32803	DELETE	4.4 CITY-ST	r-ZIP		Change	Addition	
TITLE	D CARA V		5.1 TITLE 5.2 NAME	. ا	and the Angel	(E) Augusta		
NAME	ARSDEL; SARA Y		5.3 STREET		iara Van Aredel		•	
STREET ADDRESS	1 - 1 - 1 - 1 - 1			į				
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST	1-4IP		[7] Change	☐ Addition	
TITLE		☐ DELETE	************			□ Change	- Modifold	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	- 1				
CITY-ST-ZIP			6.4 CITY-ST		0 4 440 07/0V/3 Florido Ctaturo 1 5 1	tif. that the i-	formation	
14. I hereby	certify that the information supplied w	ith this filing does not qualify for t	ine exempti	on stated ir	n Section 119.07(3)(i), Florida Statutes. I furthe	cermy marine in	nomation	

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 ar 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 shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: (

Applied For