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AND
FILED

PS 1 of 2

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 MAR 13 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21028** (8)

1. Corporation Name

DADE BATTLEFIELD SOCIETY, INC.



Principal Place of Business

Mailing Address

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

**BATTLEFIELD DR
P.O. BOX 309
BUSHNELL FL 33513-0309**

3. Date Incorporated or Qualified
06/08/1987

3a. Date of Last Report
05/01/1996

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**

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 **Laumer, Frank**

82 Street Address (P.O. Box Number is Not Acceptable)
35247 Reynolds

83

84 City **Dade City** **FL** **85** Zip Code **33525**

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]*
Signature, typed print name and title if applicable

(NOTE: Registered Agent signature required when reinstating)

17 Feb 1997
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **DV** ☐ Change ☒ Addition
1.2 NAME **Morris, Jerry**
1.3 STREET ADDRESS **7710 Coral Vine Lane**
1.4 CITY-ST-ZIP **Tampa, FL 33619**

TITLE **D** ~~DELETE~~
NAME **DEHART, JASON**
STREET ADDRESS **11982 CR 209**
CITY-ST-ZIP **OXFORD FL 34484**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Mann, Sheila**
2.3 STREET ADDRESS **Hwy 301 N.**
2.4 CITY-ST-ZIP **Bushnell, FL 33513**

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

3.1 TITLE **DP** ☒ Change ☐ Addition
3.2 NAME **Laumer, Frank**
3.3 STREET ADDRESS **35247 Reynolds**
3.4 CITY-ST-ZIP **Dade City, FL 33525**

TITLE **T** ☐ DELETE
NAME **ALLEN, CHARLENE**
STREET ADDRESS **4012 CR 5325**
CITY-ST-ZIP **BUSHNELL FL 33513**

4.1 TITLE **DT** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **McIntosh, FL 32064**
5.4 CITY-ST-ZIP

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

6.1 TITLE **DS** ☒ 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 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: *[Signature]* REQUIRED

1-27-97

352-754-6777

CR2E037 (9/96)



Department of Environmental Protection

Lawton Chiles
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Virginia B. Wetherell
Secretary

March 11, 1997

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann;

This letter is to certify to you that the *Dade Battlefield Society, Inc.* is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw
Attachments

a:cert.ltr