

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000991

Entity Name: A.L. LEWIS HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

5456 LEONARD STREET
FERNANDINA BEACH, FL 32034

Current Mailing Address:

P.O. BOX 15563
FERNANDINA BEACH, FL 32035 US

FEI Number: 59-3672494

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENNINGS, CLEASTOR W JR.
829 NORTH DAVIS STREET
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLEASTOR W JENNINGS, JR

04/26/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ALEXANDER, CAROL
Address 829 NORTH DAVIS STREET
City-State-Zip: JACKSONVILLE FL 32202

Title V
Name FRINK, NEIL
Address 85306 AMAGANSETT DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034

Title S
Name WALKER, VIOLA
Address 5430 GREGG STREET
City-State-Zip: FERNANDINA BEACH FL 32034

Title T
Name WATERS, RUTH
Address 5531 GREGG STREET
City-State-Zip: FERNANDINA BEACH FL 32034

Title D
Name JONES, CARLTON
Address 5381 HALA CT
City-State-Zip: JACKSONVILLE FL 32224

Title D
Name JONES, EVE
Address 1748 JULIA STREET
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR
Name JENNINGS, CLEASTOR W JR.
Address 5456 LEONARD STREET
City-State-Zip: FERNANDINA BEACH FL 32034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLEASTOR W. JENNINGS, JR

DIRECTOR

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date