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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
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DOCUMENT # 707389 (3)

1. Corporation Name

GENERAL DUNCAN LAMONT CLINCH HISTORICAL SOCIETY OF AMELIA ISLAND, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 502 BROOME STREET<br>P. O. BOX 7<br>FERNANDINA BEACH FL 32035<br>US | 502 BROOME STREET<br>P. O. BOX 7<br>FERNANDINA BEACH FL 32035<br>US |

3. Date Incorporated or Qualified: 06/04/1964
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2160317 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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 |
|---|---|
| WHITE, ROBERT M.<br>502 BROOME ST.<br>FERNANDINA BCH FL 32034 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCAGLIONE, KATHY | 1.2 NAME | |
| STREET ADDRESS | 1612 ALACHUA ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FERNANDINA BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HANNA, HOWARD | 2.2 NAME | |
| STREET ADDRESS | 1570 CANOPY DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FERNANDINA BCH. FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WHITE, ROBERT M. | 3.2 NAME | |
| STREET ADDRESS | 502 BROOME STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FERNANDINA BCH, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | PD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BOSWELL, MARY HOLT | 4.2 NAME | |
| STREET ADDRESS | 1558 PENBROOK | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FERNANDINA BCH, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANDERSON, CAROLINE | 5.2 NAME | |
| STREET ADDRESS | 18 NORTH 4TH STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FERNANDINA BCH, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | VPD | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | BILLINGS, RICH | 6.2 NAME | |
| STREET ADDRESS | 16 FLORENCE POINT DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FERNANDINA BCH. FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert M. White 1-13-95 (904)261-3648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert M. White

0021010