FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 707389 (3)

1. Corporation Name

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

Principal Place of Business
502 BROOME STREET
P. O. BOX 7
FERNANDINA BEACH FL 32035
US

Mailing Address
502 BROOME STREET
P. O. BOX 7
FERNANDINA BEACH FL 32035
US

3. Date Incorporated or Qualified: 06/04/1964
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-2160317 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

WHITE, ROBERT M.
502 BROOME ST.
FERNANDINA BCH FL 32034

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SCAGLIONE, KATHY		1.2 NAME	HAM Chandler	
STREET ADDRESS	1612 ALACHUA ST.		1.3 STREET ADDRESS	1122 So Fletcher Ave	
CITY-ST-ZIP	FERNANDINA BCH FL		1.4 CITY-ST-ZIP	Fernandina Bch Fl 32034	
TITLE	D	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	HANNA, HOWARD		2.2 NAME	Jerry Lancaster	
STREET ADDRESS	1570 CANOPY DR.		2.3 STREET ADDRESS	3246 So Fletcher Ave	
CITY-ST-ZIP	FERNANDINA BCH. FL		2.4 CITY-ST-ZIP	Fernandina Bch Fl 32034	
TITLE	TD	☐ DELETE	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	☐ DELETE	4.1 TITLE	D	☒ Change ☒ Addition
NAME	BOSWELL, MARY HOLT		4.2 NAME	Boswell, Mary Holt	
STREET ADDRESS	1558 PENBROOK		4.3 STREET ADDRESS	1558 Penbrook	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000		4.4 CITY-ST-ZIP	Fernandina Bch Fl 32034	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ANDERSON, CAROLINE		5.2 NAME	Adler, Glennis	
STREET ADDRESS	18 NORTH 4TH STREET		5.3 STREET ADDRESS	2146 N Natures Gate	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000		5.4 CITY-ST-ZIP	Fernandina Bch Fl 32034	
TITLE	VPD	☒ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	BILLINGS, RICH		6.2 NAME	Thamm, Suanne	
STREET ADDRESS	15 FLORENCE POINT DR.		6.3 STREET ADDRESS	404 Broome St	
CITY-ST-ZIP	FERNANDINA BCH. FL		6.4 CITY-ST-ZIP	Fernandina Bch Fl 32034	

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)(k), 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 Treas 1-20-96 904-261-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)