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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32035-0007
US**

3. Date Incorporated or Qualified
06/04/1964

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **CHANDLER, HAM**
STREET ADDRESS **1122 S FLETCHER AVENUE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **VPD** ☐ DELETE

NAME **LANCASTER, JERRY**
STREET ADDRESS **3240 S FLETCHER AVE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **TD** ☐ DELETE

NAME **WHITE, ROBERT M.**
STREET ADDRESS **502 BROOME STREET**
CITY-ST-ZIP **FERNANDINA BCH, FL 00000**

TITLE **D** ☐ DELETE

NAME **BOSWELL, MARY HOLT**
STREET ADDRESS **1558 PENBROOK**
CITY-ST-ZIP **FERNANDINA BCH, FL 00000**

TITLE **D** ☐ DELETE

NAME **ADLER, GLENNIS**
STREET ADDRESS **2146 N NATURES GATE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **SD** ☐ DELETE

NAME **THAMM, SUANNE**
STREET ADDRESS **404 BROOME ST**
CITY-ST-ZIP **FERNANDINA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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:

Robert M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000288

CR2E037 (9/96)