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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/04/1964	
4. FEI Number 59-2160317	Applied For ☐ Not Applicable

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
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☒ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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
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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 _____ (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	1.1 TITLE D ☒ Change ☐ Addition 1.2 NAME Chandler Ham 1.3 STREET ADDRESS 1122 S Fletcher Ave 1.4 CITY-ST-ZIP Fernandina Bch FL
TITLE VPD ☒ DELETE NAME LANCASTER, JERRY STREET ADDRESS 3240 S FLETCHER AVE CITY-ST-ZIP FERNANDINA BEACH FL	2.1 TITLE PD ☒ Change ☐ Addition 2.2 NAME Lancaster Jerry 2.3 STREET ADDRESS 3240 S Fletcher Ave 2.4 CITY-ST-ZIP Fernandina Bch FL
TITLE TD ☐ DELETE NAME WHITE, ROBERT M. STREET ADDRESS 502 BROOME STREET CITY-ST-ZIP FERNANDINA BCH, FL 00000	3.1 TITLE D ☐ Change ☒ Addition 3.2 NAME Belcher Hal 3.3 STREET ADDRESS 15 S 1st St 3.4 CITY-ST-ZIP Fernandina Bch FL
TITLE D ☒ DELETE NAME BOSWELL, MARY HOLT STREET ADDRESS 1558 PENBROOK CITY-ST-ZIP FERNANDINA BCH, FL 00000	4.1 TITLE VPD ☒ Change ☒ Addition 4.2 NAME Bridges Rita 4.3 STREET ADDRESS 1800 Atlantic Ave 4.4 CITY-ST-ZIP Fernandina Bch FL
TITLE D ☐ DELETE NAME ADLER, GLENNIS STREET ADDRESS 2146 N NATURES GATE CITY-ST-ZIP FERNANDINA BEACH FL	5.1 TITLE D ☒ Change ☒ Addition 5.2 NAME Walker Annie Frances 5.3 STREET ADDRESS Amelia Road 5.4 CITY-ST-ZIP Fernandina Bch FL
TITLE SD ☒ DELETE NAME THAMM, SUANNE STREET ADDRESS 404 BROOME ST CITY-ST-ZIP FERNANDINA BEACH FL	6.1 TITLE SD ☐ Change ☒ Addition 6.2 NAME Lowery Susan 6.3 STREET ADDRESS 1115 E 1st St 6.4 CITY-ST-ZIP Fernandina Bch FL

14. I 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 a 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** 2-10-98 / (904) 261-3727

CR2E037 (10/97)