2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90658 029 ****61.25

DOCUMENT # 707389

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

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

04302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2160317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, ROBERT M. 502 BROOME ST. FERNANDINA BCH, FL 32034	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	☐ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	SOVEREIGN, GENE		NAME	Thomas, Richard	
STREET ADDRESS	102 CORMORANT CT		STREET ADDRESS	209 South 17th Street	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	OLFELT, SAMANTHA		NAME	Smith Ruth	
STREET ADDRESS	2601 ATLANTIC AVE		STREET ADDRESS	2932 Robert Oliver Avenue	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEPHENS, CALVIN		NAME		
STREET ADDRESS	1907 RIDGEWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEGAR, SUSAN		NAME		
STREET ADDRESS	205 LIGHTHOUSE CIR		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OLFELT, FRANK		NAME		
STREET ADDRESS	2601 ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LANCASTER, NANCY		NAME		
STREET ADDRESS	2411 LES PROBLES		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Calvin Stephens 4/30/04 904 396-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #