2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State
04-04-2006 90046 050 ****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

02112006 Chg-NP CR2E037 (11/05)

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

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SOVEREIGN, GENE 102 CORMORANT CT FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~ROBERT~~ SMITH, RICH 2932 ROBERT OLIVER AVENUE FERNANDINA BEACH, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLFELT, SAMANTHA 2601 ATLANTIC AVE FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MALCOLM, BRUCE 521 TARPON AVENUE FERNANDINA BEACH, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEPHENS, CALVIN 1907 RIDGEWOOD DR FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEGAR, SUSAN 205 LIGHTHOUSE CIR FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLFELT, FRANK 2601 ATLANTIC AVE FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SOVEREIGN, BONNIE 102 CORMORANT COURT FERNANDINA BEACH, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANCASTER, NANCY 2411 LES PROBLES FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, RICHARD 209 SOUTH 17TH STREET FERNANDINA BEACH, FL 32034	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Treasurer 4/2/06 904-396-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #