

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707389

FILED  
Feb 16, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1907 RIDGEWOOD DRIVE  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 7  
FERNANDINA BEACH, FL 320350007 US

**New Mailing Address:**

**FEI Number:** 59-2160317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENS, CALVIN  
1514 NIRA ST.  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

STEPHENS, CALVIN  
5011 GATE PARKWAY  
BUILDING 100, SUITE 300  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE:

02/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: HUTCHINSON, SUE  
Address: 96183 BAY VIEW DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VP/D  
Name: KURTZ, RON  
Address: 1937 WINDSWEPT OAK LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: T/D  
Name: STEPHENS, CALVIN  
Address: 1907 RIDGEWOOD DR  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: S/D  
Name: STEGAR, SUSAN  
Address: 205 LIGHTHOUSE CIR  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D  
Name: SOVEREIGN, BONNIE  
Address: 102 COMORANT CT  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D  
Name: LANCASTER, NANCY  
Address: 2411 LOS ROBLES  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CALVIN STEPHENS

T/D

02/16/2010

Electronic Signature of Signing Officer or Director

Date