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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

718852

(7)

DUNEDIN HISTORICAL SOCIETY, INC.

Principal Place of Business Mailing Address										-			
349 MAIN ST P.O. BOX 2393 DUNEDIN FL 34697-2581					349 MAIN ST P.O. BOX 2393 DUNEDIN FL 34697-2393								
	US				us					3. Date Incorporated or Qu 07/14/1970	alified	3a. Date of Lat 02/17/	
<u> </u>	Principal Place of Business				2a. Mailing Address					4. FEI Number 23-7207278			Applied For
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.					201201210		60.7	Not Applicable
22				27	27					5. Certificate of Status Des	ired	7 - 1	75 Additional e Required
23	City & State				City & State					Election Campaign Finar Trust Fund Contribution	ncing		00 May Be
	Zip Country			20	Zip Country				•	This corporation has liab	ility for inte	Add	led to Fees s. 199.032,
24				29						Florida Statutes 🔲 Yes 🔀 No			
Name and Address of Current Registered Agent										10. Name and Address of	New Reg	stered Agent	·
	7441700	0411					81	14	ame				
	ZANTOP, DAN							S	treet Addre	ess (P.O. Box Number is Not A	cceptable)		
440 OAK CREEK DR. PALM HARBOR FL 34684							83	-					
	FALMI II/	ANDON FL	34004										
							84	Ci	ity			FL 85	Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to registered agent, or both, in the State of Florida. Such thange was authorized to familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								<u>ı </u>	ed corpora	ation submits this statement for	the purpo	se of changing its	registered office
	or register familiar wit	ed ageat, or th. and acce	both, in the State of Florida of the obligations of, Sectio	i. Suk n 617	ebochange was authori 0503. Florida Statute	ized by t es.	the corp	orat	ion's board	d of directors. I hereby accept t	he appoin	itment as régistere	ed agent. I am
ı	GNATURE	Want	il W Hon	X_{j}	\mathcal{Z}						-	3/18/96	
Signature, typed or printed name of registered agent and destrapplicable. (NOTE: R									ature required	when reinstating)		UATE	
12		\ MD	OFFICERS AND	DIRE			13.			ADDITIONS/CHANGES	TO OFFICI		
111		VPD	MELDA		DELETE	ľ	1.1 TITLE					Change	Addition
l	ME	RILOTT,	MELBA ESTLAKE BLVD				1.2 NAME						
	REET ADDRESS		ARBOR FL				1.3 STREE		i				
TIT	TY-ST-ZIP	S	ANDON FL		DELETE		1.4 CHY-5 2.1 TITLE	ST - ZIF	<u> </u>			☐ Change	Addition
	.ME	-	ROBERTA				22 NAME		Ì			L., Criange	Acoulous
	DEST-ABORESS		ANGRUM DRIVE				23 STREET	r ADDI	RESS				
ĺ	IY-ST-ZIP		N,FL 33528				2 4 CITY-						
TIT		T	<u> </u>		DELETE	_	3.1 TITLE	ψ. El				Change	Addition
NA	.ME	WYLDE,	JOHN				3.2 NAME						
Sti	REET ADDRESS		EN HOLLOW LANE N				3.3 STREE	ADDI	RESS				
_	TY-ST-ZIP	DUNED	N FL				3.4. CITY -	ST-ZII					
TIT	LE	TD			DELETE		4.1 TITLE		P	0		Change	Addition
NA	ME		, DANIEL			1	4. 2 NAME						
	REET ADDRESS		CREEK LANE				4.3 STREE!	ADD	RESS				
	IY-ST-ZIP	PALM H	ARBOR FL		Clocutat		4.4 CITY - S	T - ZIF	>				
TIT		TOWN ED	R, EVELYN		DELETE	- 1	5.1 TITLE					Change	Addition
	ME REET ADDRESS		1, EVELTN ILMERTÓN ROAD #231	l .			5.2 NAME	. 1000	2000				
	IY-ST-ZIP	LARGO		1			5.3 STREET						
TH		D			DELETE	• • • • • • • • • • • • • • • • • • • •	5.4 CITY - 9 6.1 TITLE	1-ZIF		160		Change	Addition
	ME	LAFFER	TY. JAN				6.2 NAME			NO V.P.	3 4 / 2-	பாள்ழு	- Jan Addition
	REET ADDRESS		IMROSE LANE #2807				6.3 STREE!	ADDE	RESS /	POBERT GRI	771 158 1	20105	
	Y-ST-ZIP		ATER FL				6.4 CITY - 5			DUNEDIN FL	34	19A	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John P. Wyede

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 (8/3)736-8045