## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(7)

DUNEDIN HISTORICAL SOCIETY, INC.

**DUNEDIN FL** 

Principal Plac	e of Business	Mailing Address				4  01   04  01    07  11  01  5			
349 MAIN ST P.O. BOX 2393 DUNEDIN FL 34697-2561		349 MAIN ST P.O. BOX 2393 DUNEDIN FL 34697-2393							
ÜŜ		US				3. Date Incorporated or Qualified 07/14/1970	3a. Date of L 03/2	ast Report <b>26/1996</b>	
2. Principal Pi	ace of Business	2a. Mailing Address	<u>~</u> `			4. FEI Number 23-7207278	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional	
22 City & State		City & State	City & State				F	ee Required	
23		28	<del></del> 1			Election Campaign Financing     Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Current	29    Registered Agent	30]			Florida Statutes  10. Name and Address of New Re	Yes No		
			8	1 Nar	ne	10. Hamo dila Hadioad at Hati Ha	giotorou regoin		
ZANTOP, DAN			В	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	ile)		
	K CREEK DR.			3					
PALM H	IARBOR FL 34684						· · · · · · · · · · · · · · · · · · ·		
			8	' '			FL  85	Zip Code	
11. Pursuant office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida. Such change was	ites, the abo authorized t	ive-nam	ed corpo	ration submits this statement for the p in's board of directors. I hereby accep	urpose of changot the appointment	ging its registered ent as registered	
	m familiar with, and accept the obliga	itions of, Section 617.0503, F	lorida Statut	os.	,	• • • • •			
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	1 E Rogislared A	gent signa	alure required	У when reinstaling)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	VPD			:			Ch	ange 🔲 Addition	
NAME	RILOTT, MELBA		1.2 NAM						
STREET ADDRESS	1334 WESTLAKE BLVD			et addre	SS				
CITY-ST-ZIP TITLE	PALM HARBOR FL S			1.4 CITY-ST-ZIP 2.1 TITLE			Ch	ange Addition	
	GUNN, ROBERTA	ביי מנונונ			]		L. OII	ange L. Modition	
NAME STOREST ADODESCO	2351 MANGRUM DRIVE			2.2 NAME 2.3 STREET ADDRESS				i	
STREET ADORESS	DUNEDIN,FL 33528				35				
CITY-ST-ZIP TITLE	T 33320	☐ DELET€	2.4 CITY 3.1 TITLE				□ Ch	ange Addition	
NAME	WYLDE, JOHN		3.2 NAM					sings Last ride(f)Dir	
STREET ADDRESS	1512 GLEN HOLLOW LANE N	ı		et addre:	00				
	DUNEDIN FL	•			35				
CITY-ST-ZIP TITLE	PD	DELETE	3.4. CHY 4.1 TITLE		_		☐ Ch	ange Addition	
NAME	ZANTOP, DANIEL		4. 2 NAM						
STREET ADDRESS	440 OAK CREEK LANE			ET ADDRES	ec				
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-		~				
TITLE	D	☐ DELETE	5.1 TITLE				Ch	ange Addition	
NAME	TOWLER, EVELYN	<u> </u>	5.2 NAME		Į.				
STREET ADDRESS	12501 ULMERTON ROAD #2	31		Et addres	ss				
CITY-ST-ZIP	LARGO FL		5.4 CITY-		~			·	
TITLE		DELETE	6.1 TiTLE				☐ Ch.	ange	
NAME	GRANT, ROBERT	tour	6.2 NAME						
STREET ADDRESS	523 FOGEWATER DR			ET ANNRES	25				

14. I do 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 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.

**FILED** 

Apr 08 1997 8:00am

Secretary of State