


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90043 024 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 718852</b>					
1. Corporation Name <b>DUNEDIN HISTORICAL SOCIETY, INC.</b>					
Principal Place of Business 349 MAIN ST P.O. BOX 2393 DUNEDIN FL 34697-2581 US			Mailing Address 349 MAIN ST P.O. BOX 2393 DUNEDIN FL 34697-2393 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/14/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7207278	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZANTOP, DAN 440 OAK CREEK DR. PALM HARBOR FL 34684				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE DAN ZANTOP, PRESIDENT NO CHANGE  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILOTT, MELBA			1.2 NAME			
STREET ADDRESS	1334 WESTLAKE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNN, ROBERTA			2.2 NAME			
STREET ADDRESS	2351 MANGRUM DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 33528			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WYLDE, JOHN			3.2 NAME	DENNIS TUCK		
STREET ADDRESS	1512 GLEN HOLLOW LANE N			3.3 STREET ADDRESS	2830 DEER HOUND WAY		
CITY-ST-ZIP	DUNEDIN FL			3.4 CITY-ST-ZIP	PALM HARBOR FL		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZANTOP, DANIEL			4.2 NAME			
STREET ADDRESS	440 OAK CREEK LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TOWLER, EVELYN			5.2 NAME	LOIS HAGER		
STREET ADDRESS	12501 ULMERTON ROAD #231			5.3 STREET ADDRESS	1159 BURKE AVE.		
CITY-ST-ZIP	LARGO FL			5.4 CITY-ST-ZIP	DUNEDIN, FL		
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANT, ROBERT			6.2 NAME			
STREET ADDRESS	523 EDGEWATER DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: DAN ZANTOP, PRESIDENT REQUIRED  
 Signature and typed or printed name of signing officer or director Date 3/26/99 Daytime Phone # 738-1804

CR2E037 (11/98)