

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 17 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722545 (1)

1. Corporation Name

LOXAHATCHEE HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

805 N. U.S. HWY. ONE
JUPITER FL 33477-3213

805 N. U.S. HWY. ONE
JUPITER FL 33477-3213
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1972

3a. Date of Last Report

05/01/1994

4. FEI Number

23-7448343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

\$68.75 Supplemental

Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWNER, JOANNE
805 N. U.S. HIGHWAY ONE
JUPITER FL 33477

81 Name

Jeffrey Raynor

82 Street Address (P.O. Box Number is Not Acceptable)

14155 US Highway One

83

Suite 304

84 City

Juno Beach

FL

85

Zip Code

33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

2/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	RAYNOR, JEFFREY, S
STREET ADDRESS	1155 US HIGHWAY ONE, SUITE 304
CITY - ST - ZIP	JUNO BEACH FL 33408
TITLE	VD
NAME	ETHERINGTON, KATHLEEN
STREET ADDRESS	17553 SE CONCH BAR AVE
CITY - ST - ZIP	TEQUESTA FL 33469
TITLE	PD
NAME	HOLMES, H. ALLEN
STREET ADDRESS	1001 N. U.S. HWY. 1
CITY - ST - ZIP	JUPITER FL
TITLE	TD
NAME	GRANGARD, KATE
STREET ADDRESS	1001 U.S. HIGHWAY ONE, SUITE 600
CITY - ST - ZIP	JUPITER FL 33477
TITLE	SD
NAME	GOLDBERG, MARGARET
STREET ADDRESS	122 SPYGLASS LANE
CITY - ST - ZIP	JUPITER FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	Executive Director	☐ Change ☒ Addition
1.2 NAME	Alicen-J McGowan, Ph.D.	
1.3 STREET ADDRESS	805 N. US Highway One	
1.4 CITY - ST - ZIP	Jupiter, FL 33477	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Treasurer	☒ Change ☐ Addition
4.2 NAME	Tom Cole	
4.3 STREET ADDRESS	140 Intercoastal Point Drive	
4.4 CITY - ST - ZIP	Suite 403	
5.1 TITLE	Jupiter, FL 33477	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(b), 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: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY S. RAYNOR

[Signature]

2/10/95

467 775-0087

Date

Telephone Number