

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 07 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified

01/26/1972

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7448343

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

RAYNOR, JEFFREY
14155 US HIGHWAY ONE
SUITE 304
JUNO BEACH FL 33408

81

Name

Kathleen Etherington

82

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

17553 SE Conch Bar Avenue

83

Tequesta, FL 33469

84

City

FL

85

Zip Code

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

Kathleen Etherington

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

January 23, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
RD
RAYNOR, JEFFREY, S
STREET ADDRESS
1155 US HIGHWAY ONE, SUITE 304
CITY-ST-ZIP
JUNO BEACH FL 33408

1.1 TITLE

Legal Counsel

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME
RD
ETHERINGTON, KATHLEEN
STREET ADDRESS
17553 SE CONCH BAR AVE
CITY-ST-ZIP
TEQUESTA FL 33469

2.1 TITLE

1st Vice President

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME
PD
HOLMES, H. ALLEN
STREET ADDRESS
1001 N. U.S. HWY. 1
CITY-ST-ZIP
JUPITER FL

3.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
T
COLE, TOM
STREET ADDRESS
140 INTERCOASTAL POINT DR SUITE 403
CITY-ST-ZIP
JUPITER FL

4.1 TITLE

☐ Change

☐ Addition

TITLE ☒ DELETE

NAME
SD
GOLDBERG, MARGARET
STREET ADDRESS
122 SPYGLASS LANE
CITY-ST-ZIP
JUPITER FL 33477

5.1 TITLE

Secretary

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
ED
MCGOWAN, ALICEN J.
STREET ADDRESS
805 N US HIGHWAY ONE
CITY-ST-ZIP
JUPITER FL

6.1 TITLE

Marianne Kollmer

☐ Change

☐ Addition

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:

Kathleen Etherington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 23, 1996

Date

407-747-6639

CR2E037 (12/95)