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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90158 006 \*\*\*\*61.25

**DOCUMENT # 723936**

1. Corporation Name

**ALACHUA COUNTY HISTORICAL SOCIETY, INC.**

Principal Place of Business

513 E UNIVERSITY AVE  
GAINESVILLE FL 32601-5451  
US

Mailing Address

P.O. BOX 15221  
GAINESVILLE FL 32604-5221  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/21/1972

4. FEI Number

23-7225382

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

9. Name and Address of Current Registered Agent

MAY, LESTER N.  
1010 N.E. 20TH PLACE  
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PP  
NAME SCOTT, BARBARA S  
STREET ADDRESS 3935 NW 35 PL  
CITY-ST-ZIP GAINESVILLE FL

TITLE D  
NAME JONES, JOHN PAUL JR  
STREET ADDRESS 6000 NW 17TH PL.  
CITY-ST-ZIP GAINESVILLE FL

TITLE T  
NAME SMITH, ROBERT  
STREET ADDRESS 3809 S.W. 37TH ST.  
CITY-ST-ZIP GAINESVILLE FL

TITLE D  
NAME MAHON, JOHN K  
STREET ADDRESS 4129 SW 2 AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE P  
NAME PICKARD, JOHN B  
STREET ADDRESS 406 N.E. 7TH AVE.  
CITY-ST-ZIP GAINESVILLE FL

TITLE D  
NAME MAY, LESTER N.  
STREET ADDRESS 1010 N.E. 20TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 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: *Robert A. Smith* ROBERT A. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 APRIL 1999 (352)392-2061

Date

Daytime Phone #

CR2E037 (11/98)

723936

389781-9058-6

ATTACHMENT

CORPORATION ANNUAL REPORT 1999

ALACHUA COUNTY HISTORICAL SOCIETY, INC. 723936

ITEM 13 (CONTINUED). OFFICERS AND DIRECTORS

7.1 TITLE V  
7.2 NAME TESTRAKE, CAROLINE  
7.3 ADDRESS 4122 N.W. 46TH DR.  
7.4 CITY-ST-ZIP GAINESVILLE, FL 32606

8.1 TITLE S  
8.2 NAME HUDSON, VICTORIA A.  
8.3 ADDRESS 9046 S.W. 102ND TERR.  
8.4 CITY-ST-ZIP GAINESVILLE, FL 32608

9.1 TITLE HISTORIAN  
9.2 NAME LATOUR, MARINUS H.  
9.3 ADDRESS 1045 N.E. 5TH ST.  
9.4 CITY-ST-ZIP GAINESVILLE, FL 32601

10.1 TITLE D  
10.2 NAME BARR, MELANIE V.  
10.3 ADDRESS 815 N.E. 3RD AVE.  
10.4 CITY-ST-ZIP GAINESVILLE, FL 32601

11.1 TITLE D  
11.2 NAME DAVIS, DON L.  
11.3 ADDRESS 70 TURKEY CREEK  
11.4 CITY-ST-ZIP ALACHUA, FL 32615

12.1 TITLE D  
12.2 NAME GRAHAM, GEORGE G.  
12.3 ADDRESS 2415 N.W. 69TH TERR.  
12.4 CITY-ST-ZIP GAINESVILLE, FL 32606

13.1 TITLE D  
13.2 NAME BONE, WILLIAM R.  
13.3 ADDRESS 838 N.W. 11TH AVE.  
13.4 CITY-ST-ZIP GAINESVILLE, FL 32601

14.1 TITLE D  
14.2 NAME WINTER, SARAH  
14.3 ADDRESS 838 N.W. 11TH AVE.  
14.4 CITY-ST-ZIP GAINESVILLE, FL 32601

15.1 TITLE D  
15.2 NAME HILL, BEVERLY  
15.3 ADDRESS 3826 S.W. 5TH PL.  
15.4 CITY-ST-ZIP GAINESVILLE, FL 32607

16.1 TITLE D  
16.2 NAME COOPER, BURNHAM R.  
16.3 ADDRESS 16718 N.W. 40TH PL.  
16.4 CITY-ST-ZIP NEWBERRY, FL 32669

17.1 TITLE D  
17.2 NAME LAURIE, MURRAY D.  
17.3 ADDRESS 2858 S.W. 14TH DR.  
17.4 CITY-ST-ZIP GAINESVILLE, FL 32608