SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # 725528 (4)

1. Corporation Name
FLORIDA SOCIETY FOR HISTOTECHNOLOGY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 749 59TH AVE.<br>ST. PETERSBURG FL 33706 | 8723 WINCHESTER DR.<br>JACKSONVILLE FL 32217<br>US |

3. Date Incorporated or Qualified: 02/13/1973

4. FEI Number: 23-7320979 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

NAGLE, PAMELA E.
9200 PARK BLVD
UNIT 206
LARGO FL 34647

**10. Name and Address of New Registered Agent**

81 Name: Penelope J. Ferre
82 Street Address (P.O. Box Number is Not Acceptable): 3730 OAK ST. NE
83: St. Petersburg, FL. 33704
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: Penelope J Ferre 7/16/98
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 | PD | ☒ DELETE | 1.1 TITLE | PRESIDENT | ☐ Change ☑ Addition |
| NAME | RODENROTH, NINA | | 1.2 NAME | NANCY SHELLHORN | |
| STREET ADDRESS | 716 QUEENS HARBOR BLVD. | | 1.3 STREET ADDRESS | 1898 BLUE HERON LN. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | Jacksonville Bch., FL. 32250 | |
| TITLE | PPD | ☒ DELETE | 2.1 TITLE | Treasurer | ☐ Change ☑ Addition |
| NAME | THOMPSON, YVONNE | | 2.2 NAME | Penelope J. Ferre | |
| STREET ADDRESS | 1701 TANGLEWOOD DRIVE, N.E. | | 2.3 STREET ADDRESS | 3730 OAK ST. NE | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 2.4 CITY-ST-ZIP | St. Petersburg, FL. 33704 | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | PAST PRESIDENT | ☐ Change ☐ Addition |
| NAME | MCCAULLEY, KAREN | | 3.2 NAME | NINA RODENROTH | |
| STREET ADDRESS | 8723 WINCHESTER DR. | | 3.3 STREET ADDRESS | 716 Queens Harbor Blvd | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | | 3.4 CITY-ST-ZIP | Jacksonville, FL. | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | Joni Huff D | ☐ Change ☐ Addition |
| NAME | PREBLE, JILL | | 4.2 NAME | 18055 EVANS Bluff Ct | |
| STREET ADDRESS | 9899 SPANISH ISLE DR. | | 4.3 STREET ADDRESS | Jacksonville, FL. 32246 | |
| CITY-ST-ZIP | BOCA RATON FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | VP | ☒ DELETE | 5.1 TITLE | NANCY McGinnis D | ☐ Change ☐ Addition |
| NAME | COHEN, BONNIE | | 5.2 NAME | 5522 Barnstead Cir. N. | |
| STREET ADDRESS | 10700 SW 121 CT | | 5.3 STREET ADDRESS | Lake Worth, FL. 33463 | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | Tonia Breckenridge D | ☐ Change ☒ Addition |
| NAME | MCGINNES, NANCY | | 6.2 NAME | 783 Archer Rd. | |
| STREET ADDRESS | 5582 BARNSTEAD CR. N | | 6.3 STREET ADDRESS | Cantonment, FL. 32533 | |
| CITY-ST-ZIP | LAKEWORTH FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/98)

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.

**SIGNATURE:** Penelope J Ferre 7/16/98 892-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #