

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

DOCUMENT # 727414 (5)
1. Corporation Name
COLUMBIA COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

C/O GARY SHIELDS
RT 10, BOX 408-A
LAKE CITY FL 32025
US

C/O GARY SHIELDS
RT 10, BOX 408-A
LAKE CITY FL 32025
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/10/1973

3a. Date of Last Report
06/09/1995

4. FEI Number
23-7362581

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CONE, J.I.
424 E CAMP ST
LAKE CITY FL 32055

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 of person making the annual report or change of office or agent

Signature of Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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.

15. SIGNATURE: R. Gary Shields R. Gary Shields 1-16-96 1-804-752-8264

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DS NELSON, BLOCKER 867 S 7TH ST LAKE CITY, FL 00000

T SHIELDS, GARY RT 10 BOX 408-A LAKE CITY, FL 00000

P WITT, GERALD 1720 PERRY ST LAKE CITY, FL 00000

D MANN, MARION RT 2 BOX 54 LAKE CITY, FL 00000

D MOORE, ESTER RT 1 BOX 247 LAKE CITY, FL 00000

D HAWORTH, BERNICE 802 E PUTMAN ST LAKE CITY, FL 00000

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CR2E037 (12/95)