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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

09/10/1973

4. FEI Number

23-7362581

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME NELSON, BLOCKER
STREET ADDRESS 887 S 7TH ST
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE T
NAME SHIELDS, GARY
STREET ADDRESS RT 10 BOX 408-A
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE P
NAME WITT, GERALD
STREET ADDRESS 1720 PERRY ST
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE D
NAME MANN, MARION
STREET ADDRESS RT 2 BOX 54
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE D
NAME MOORE, ESTER
STREET ADDRESS RT 1 BOX 247
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE D
NAME HAWORTH, BERNICE
STREET ADDRESS 802 E PUTMAN ST
CITY-ST-ZIP LAKE CITY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

R. S. Shaw

4.23.98

80K-252-8264

CR2037 (10/97)