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Feb 13, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 727414

1. Corporation Name

COLUMBIA COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/10/1973

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

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BLOCKER	1.2 NAME	
STREET ADDRESS	867 S 7TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, GARY	2.2 NAME	
STREET ADDRESS	RT 10 BOX 408-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITT, GERALD	3.2 NAME	
STREET ADDRESS	1720 PERRY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, MARION	4.2 NAME	
STREET ADDRESS	RT 2 BOX 54	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ESTER	5.2 NAME	
STREET ADDRESS	RT 1 BOX 247	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWORTH, BERNICE	6.2 NAME	
STREET ADDRESS	802 E PUTMAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 00000	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)(l), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

904-752-8264

CR2E037 (11/98)