FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735677 (7)

1. Corporation Name

THE APALACHICOLA AREA HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 75 APALACHICOLA FL 32329-0075 US	P.O. BOX 75 APALACHICOLA FL 32329-0075 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1976
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1677700 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

WATKINS, J. BEN
41 COMMERCE ST
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☒ Addition
NAME	MACY, RICHARD C.	12 NAME	
STREET ADDRESS	67 AVENUE D	13 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA, FL 00000	14 CITY-ST-ZIP	32320
TITLE	TD	21 TITLE	☐ Change ☒ Addition
NAME	GREER, WILLIAM E	22 NAME	
STREET ADDRESS	MAGNOLIA BLUFF - 176	23 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT, FL 0	24 CITY-ST-ZIP	32328
TITLE	SD	31 TITLE	☐ Change ☒ Addition
NAME	GREER, ANNA H.	32 NAME	
STREET ADDRESS	176 MAGNOLIA BLUFF	33 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT, FL 0	34 CITY-ST-ZIP	32328
TITLE	P	41 TITLE	☐ Change ☒ Addition
NAME	CHAPEL, GEORGE	42 NAME	
STREET ADDRESS	163 AVE B	43 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA, FL 00000	44 CITY-ST-ZIP	32320
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	WATKINS, R. BEDFORD	52 NAME	
STREET ADDRESS	217 MAGNOLIA BLUFF	53 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT FL	54 CITY-ST-ZIP	32328
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	MACY, LAURA B.	62 NAME	
STREET ADDRESS	67 AVENUE D	63 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL	64 CITY-ST-ZIP	32320

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)(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: William E. Greer William E. Greer 4/30/95 (904) 670-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000276