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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: **04/28/1976**
3a. Date of Last Report: **04/12/1996**

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

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

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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	MACY, RICHARD C.		1.2 NAME	D	
STREET ADDRESS	67 AVENUE D		1.3 STREET ADDRESS	MOODY, LAURA	
CITY-ST-ZIP	APALACHICOLA, FL 00000		1.4 CITY-ST-ZIP	26, 15th Street APALACHICOLA, FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GREER, WILLIAM E		2.2 NAME		
STREET ADDRESS	MAGNOLIA BLUFF - 176		2.3 STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT, FL 0		2.4 CITY-ST-ZIP	32328	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	GREER, ANNA H.		3.2 NAME		
STREET ADDRESS	176 MAGNOLIA BLUFF		3.3 STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT, FL 0		3.4 CITY-ST-ZIP	32328	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	CHAPEL, GEORGE		4.2 NAME		
STREET ADDRESS	163 AVE B		4.3 STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 00000		4.4 CITY-ST-ZIP	32320	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	WATKINS, R. BEDFORD		5.2 NAME		
STREET ADDRESS	217 MAGNOLIA BLUFF		5.3 STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT FL		5.4 CITY-ST-ZIP	32328	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MACY, LAURA B.		6.2 NAME		
STREET ADDRESS	67 AVENUE D		6.3 STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL		6.4 CITY-ST-ZIP	32320	

CR2E037 (9/96)

14. I do 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: William E. Greer WILLIAM E. GREER 10 JAN '97 (904) 670-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #