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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-1677700 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: GEORGE L. CHAPEL
82 Street Address (P.O. Box Number is Not Acceptable): 163 AVENUE B
83
84 City: APALACHICOLA FL 85 Zip Code: 32320

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: GEORGE L. CHAPEL George L Chapel 19 JAN '98
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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MACY, RICHARD C.		1.2 NAME		
STREET ADDRESS	67 AVENUE D		1.3 STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 00000		1.4 CITY-ST-ZIP	ZIP: 32320	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREER, WILLIAM E		2.2 NAME		
STREET ADDRESS	MAGNOLIA BLUFF - 176		2.3 STREET ADDRESS	176 No. BAYSHORE DRIVE	
CITY-ST-ZIP	EASTPOINT, FL 0		2.4 CITY-ST-ZIP	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	176 No. BAYSHORE DRIVE	
CITY-ST-ZIP	EASTPOINT, FL 0		3.4 CITY-ST-ZIP	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	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	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	ZIP: 32320	

CR2E037 (10/97)

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: William E. Greer (TD) William E. Greer 19 Jan '98 (850) 670-8681