FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90006 048 ****61.25

DOCUMENT # 735677

1. Corporation Name
The Apalachicola Area Historical Society, Inc

Principal Place of Business
The Raney House Museum
Apalachicola, FL 32329-0075

Mailing Address
P.O. Box 75

2. Principal Place of Business 21 The Raney House Museum	2a. Mailing Address 26 P.O. Box 75	3. Date Incorporated or Qualified 04/28/1976	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1677700	☐ Applied For ☐ Not Applicable
City & State 23 Apalachcicola, FL	City & State 28 Apalachicola, FL	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 32320 Country 25 Franklin	Zip 29 32329-0075 Country 30 Franklin	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Chapel, George L.
163 Avenue B.
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 PD NAME STREET ADDRESS CITY-ST-ZIP	Chapel, George L. 163 Avenue B Apalachicola, FL 32320 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Macy, Richard C. 67 Avenue D Apalachicola, FL 32320 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Greer, Anna H. 176 N. Bayshore Drive Eastpoint, FL 32328 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Greer, William E. 176 N. Bayshore Drive Eastpoint, FL 32328 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Watkins, R. Bedford 217 N. Bayshore Drive Eastpoint, FL 32328 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Macy, Laura B. 67 Avenue D Apalachcola, FL 32320 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: William E. Greer WILLIAM E. GREER 24 May 1999 (850)670-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)