DOCUMENT # 735873

1. Entity Name

ORMOND BEACH HISTORICAL TRUST, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90055 010 ****61.25

Principal Place of Business	Mailing Address
274 CUMBERLAND AVE BOX 2702 ORMOND BEACH FL 32174 US	274 CUMBERLAND AVE BOX 2702 ORMOND BEACH FL 32174 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
38 E GRANADA BLVD.	38 E GRANADA BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORMOND BEACH, FL	ORMOND BEACH FL
City & State	City & State
Zip 32176 Country USA	Zip 32176 Country USA

4. FEI Number 51-0199398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOSTROM, J D 274 CUMBERLAND AVE ORMOND BEACH FL 32174	Name J.D. BOSTROM, PRES. Street Address (P.O. Box Number is Not Acceptable) 38 E. GRANADA BLVD ORMOND BEACH City FL Zip Code 32176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE J. Donald Bostrom, Pres. 1/3/01.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOSTROM, J D 274 CUMBERLAND AVE ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARCLAY, CEYLON 1239 OCEAN SHORE BLVD #3B ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MR. DAVE MENZEL 4 ELOISE CIRCLE ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SLAUGHTER, LEWIS W MR 53 N ST ANDREWS ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSIT. TREASURER MR. DONALD JERPI 13 BUCKINGHAM DR ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOHMAN, NANCY MRS. 733 W GRANADA BLVD ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAUGHEY, J.H M 1 JOHN ANDERSON DR, 702 ORMOND BCH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Donald Bostrom, Pres. J. DONALD BOSTROM 1/3/01 904-677-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #