SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUL 28 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 746145

1. Corporation Name
Florida State Reenactment Society, Inc.

Principal Place of Business / Mailing Address
441 Hibiscus Road
Casselberry, Fla. 32707

3. Date Incorporated or Qualified: 3/5/79
3a. Date of Last Report: 4/7/94

4. FEI Number: 59-1939580 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / County (25) / Zip (29) / County (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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
61 Name: Carol M. Weinhart
62 Street Address (P.O. Box Number is Not Acceptable): 441 Hibiscus Road
63
64 City: Casselberry FL 65 Zip Code: 32707

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: Carol M. Weinhart — Carol M. Weinhart — DATE: 7-22-95
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 *	P	11 TITLE	☐ Change ☐ Addition
NAME	Rick Shogren	12 NAME	
STREET ADDRESS	341-2nd Street	13 STREET ADDRESS	200001550702
CITY-ST-ZIP	Chuluota Fl 32766	14 CITY-ST-ZIP	-08/01/95--01071--008 *****70.00 *****70.00
TITLE	V/T	21 TITLE	☐ Change ☐ Addition
NAME	Vernon Weinhart	22 NAME	
STREET ADDRESS	441 Hibiscus Road	23 STREET ADDRESS	
CITY-ST-ZIP	Casselberry Fl 32707	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	Carol Weinhart	32 NAME	
STREET ADDRESS	441 Hibiscus Road	33 STREET ADDRESS	
CITY-ST-ZIP	Casselberry Fl 32707	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Richard Weinhart	42 NAME	
STREET ADDRESS	407-2nd Street	43 STREET ADDRESS	
CITY-ST-ZIP	Geneva Fl 32732	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	Don Greene	52 NAME	D
STREET ADDRESS	13 River Drive	53 STREET ADDRESS	Andy Shogren
CITY-ST-ZIP	Ormond Beach Fl 32174	54 CITY-ST-ZIP	341-2nd Street Chuluota Fl 32766
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Karen Hoofman	62 NAME	
STREET ADDRESS	2241 Deloraine Trail	63 STREET ADDRESS	TCS 7/28/95
CITY-ST-ZIP	Maitland Fl 32751	64 CITY-ST-ZIP	

CR2E037 (3/95)

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: Vernon G. Weinhart — Vernon G. Weinhart — 7-22-95 — (407)323-2500 x5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #