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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746145** (2)

1. Corporation Name

FLORIDA STATE REENACTMENT SOCIETY INC.



Principal Place of Business	Mailing Address
441 HIBISCUS ROAD CASSELBERRY FL 32707	441 HIBISCUS ROAD CASSELBERRY FL 32707-5308

3. Date Incorporated or Qualified 03/05/1979	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1839580	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEINHART, CAROL
441 HIBISCUS ROAD
CASSELBERRY FL 32707**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOGREN, RICK	1.2 NAME	WEINHART, RICHARD
STREET ADDRESS	341 2ND STREET	1.3 STREET ADDRESS	407-2ND STREET
CITY-ST-ZIP	CHULUOTA FL 32766	1.4 CITY-ST-ZIP	GENEVA, FL 32732
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINHART, VERN	2.2 NAME	
STREET ADDRESS	441 HIBISCUS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINHART, CAROL	3.2 NAME	SHOGREN, RICK
STREET ADDRESS	441 HIBISCUS ROAD	3.3 STREET ADDRESS	341-2ND STREET
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINHART, RICHARD	4.2 NAME	SHOGREN, ANDY
STREET ADDRESS	407 2ND STREET	4.3 STREET ADDRESS	341-2ND STREET
CITY-ST-ZIP	GENEVA FL	4.4 CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINHART, VERN	5.2 NAME	KOCHA, TONY
STREET ADDRESS	441 HIBISCUS RD.	5.3 STREET ADDRESS	5248 CHUKANOTOSA CIR.
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOFMAN, KAREN	6.2 NAME	WEINHART, KATHY
STREET ADDRESS	2241 DELORAINE TR.	6.3 STREET ADDRESS	407-2ND STREET
CITY-ST-ZIP	MAITLAND FL 32751	6.4 CITY-ST-ZIP	GENEVA, FL 32732

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: *[Signature]* 5-1-97 323-250 EXT 5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012826

CR2E037 (9/96)