

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 441 HIBISCUS ROAD CASSELBERRY FL 32707	Mailing Address 441 HIBISCUS ROAD CASSELBERRY FL 32707
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3. Date Incorporated or Qualified
03/05/1979

4. FEI Number 59-1939580	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINHART, RICHARD	1.2 NAME	
STREET ADDRESS	407-2ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	1.4 CITY-ST-ZIP	
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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOGREN, RICK	3.2 NAME	
STREET ADDRESS	341-2ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOGREN, ANDY	4.2 NAME	
STREET ADDRESS	341-2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHA, TONY	5.2 NAME	CESTARO, GEORGE
STREET ADDRESS	5248 CHUKANOTOSA CIR	5.3 STREET ADDRESS	BIO DYON DRIVE
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINHART, KATHY	6.2 NAME	KOCHA, DEBRA
STREET ADDRESS	407-2ND ST	6.3 STREET ADDRESS	5248 CHUKANOTOSA CIR
CITY-ST-ZIP	GENEVA FL	6.4 CITY-ST-ZIP	ORLANDO FL 32808

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: *Simon A. Weinhart*

4-24-98

(407) 328-1757

CR2E037 (10/97)