

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:18

DOCUMENT # **754278** (0)
1. Corporation Name
DAVISVILLE HERITAGE AND HISTORICAL PRESERVATION ASSOCIATION INC.

Principal Place of Business Mailing Address
6470 W HWY #4 CENTURY FL 32535 **6470 W HWY #4 CENTURY FL 32535 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/23/1980** 3a. Date of Last Report **02/10/1994**
4. FEI Number **59-2067706** Applied For Not Applicable
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 **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
DOVE, RONALD
6510 W HWY 4
CENTURY FL 32535

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP **DOVE, DEWITT**
6470 W HWY 4
CENTURY FL
T **DOVE, EVIE**
6470 W HWY 14
CENTURY FL
D TR **NORRIS, RAYMOND**
7451 MCELHANEY RD
CENTURY FL
D TR **DOVE, JUDY**
6510 W HWY 4
CENTURY FL
D ~~MCGRAE, INEZ~~
~~4740 SANDY HOLLOW RD~~
~~CENTURY FL~~
D ~~DARBY, RALPH~~
~~7351 MCELHANEY ROAD~~
~~CENTURY FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **P BARTLEY, NANCY**
1.3 STREET ADDRESS **8080 PINE FOREST RD.**
1.4 CITY-ST-ZIP **WALNUT HILL, FL. 32568**
2.1 TITLE Change Addition
2.2 NAME **S DARBY, KATIE**
2.3 STREET ADDRESS **7351 MCELHANEY Rd.**
2.4 CITY-ST-ZIP **CENTURY, FL. 32535**
3.1 TITLE Change Addition
3.2 NAME **TR. DARBY, RALPH**
3.3 STREET ADDRESS **7351 MCELHANEY Rd.**
3.4 CITY-ST-ZIP **CENTURY, FL. 32535**
4.1 TITLE Change Addition
4.2 NAME **TR BARTLEY, ERNEST**
4.3 STREET ADDRESS **7351 MCELHANEY RD.**
4.4 CITY-ST-ZIP **CENTURY, FL. 32535**
5.1 TITLE Change Addition
5.2 NAME **TR DOVE, RONALD**
5.3 STREET ADDRESS **6510 W. HWY. 4**
5.4 CITY-ST-ZIP **CENTURY, FL. 32535**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Katie Darby **KATIE DARBY** 2-4-95 9043274954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)