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Mar 25 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 # 754278 (0)

1. Corporation Name
DAVISVILLE HERITAGE AND HISTORICAL PRESERVATION ASSOCIATION INC.



Principal Place of Business 10200 HWY 97 CENTURY FL 32535 US	Mailing Address 6470 WEST HWY 4 CENTURY FL 32535 US
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3. Date Incorporated or Qualified 09/23/1980	3a. Date of Last Report 03/08/1996
4. FEI Number 59-2067706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DOVE, RONALD
6510 WEST 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 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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DARBY, RALPH	
STREET ADDRESS	7351 MCELHANEY ROAD	
CITY - ST - ZIP	CENTURY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOVE, EVIE	
STREET ADDRESS	6470 W HWY 14	
CITY - ST - ZIP	CENTURY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DARBY, KATIE	
STREET ADDRESS	7351 MCELHANEY RD	
CITY - ST - ZIP	CENTURY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOVE, JUDY	
STREET ADDRESS	6510 W HWY 4	
CITY - ST - ZIP	CENTURY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLLIS, GRACE	
STREET ADDRESS	7280 HWY 97	
CITY - ST - ZIP	WALNUT HILL FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	DOVE, RONALD	
STREET ADDRESS	6510 W HWY 4	
CITY - ST - ZIP	CENTURY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. DARBY, RALPH
1.3 STREET ADDRESS	7351 MCELHANEY Rd.
1.4 CITY - ST - ZIP	CENTURY, FL. 32535
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Katie Darby* **KATIE DARBY** **2/15/97** **904-327-4954**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077612

CR2E037 (9/96)