

FILE NOW: FILING FEE IS \$61.25

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**Feb 13 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 # 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	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	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	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<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 checked="" 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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	TR. NORRIS, RAYMOND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	7451 MCELHANEY Rd.
43 STREET ADDRESS	CENTURY, FL. 32535
44 CITY-ST-ZIP	
51 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	BARTLEY, ERNEST
53 STREET ADDRESS	8080 PINE FOREST Rd.
54 CITY-ST-ZIP	WALNUT HILL, FL. 32568
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	TR. BARTLEY, NANCY
63 STREET ADDRESS	8080 PINE FOREST Rd.
64 CITY-ST-ZIP	WALNUT HILL, FL. 32568

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: *Katie Darby - KATIE DARBY.* 1/24/98 850-327-4954

CR2E037 (10/97)