


FILE NOW: FILING FEE IS \$61.25

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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90269 036 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754278**

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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2. Principal Place of Business 21 <b>D.H.H.P. Assoc.</b>	2a. Mailing Address 26 <b>D.H.H.P. Assoc.</b>	3. Date Incorporated or Qualified <b>09/23/1980</b>
Suite, Apt. #, etc. 22 <b>10200 HWY 97</b>	Suite, Apt. #, etc. 27 <b>6470-W. HWY 4</b>	4. FEI Number <b>59-2067706</b>
City & State 23 <b>Davisville, Fl.</b>	City & State 28 <b>Century, Fl.</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>32535</b>	Country 25 <b>Escambia</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>32535</b>	Country 30 <b>Escambia</b>	

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	<b>FL</b>
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARBY, RALPH</b>	1.2 NAME	
STREET ADDRESS	<b>7351 MCELHANEY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTURY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOVE, EVIE</b>	2.2 NAME	
STREET ADDRESS	<b>6470 W HWY 14</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTURY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARBY, KATIE</b>	3.2 NAME	
STREET ADDRESS	<b>7351 MCELHANEY RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTURY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOVE, JUDY</b>	4.2 NAME	
STREET ADDRESS	<b>6510 W HWY 4</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTURY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLEY, ERNEST</b>	5.2 NAME	
STREET ADDRESS	<b>8080 PINE FOREST RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WALNUT HILL FL 32568</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOVE, RONALD</b>	6.2 NAME	<b>TR ROLEY, JEAN</b>
STREET ADDRESS	<b>6510 W HWY 4</b>	6.3 STREET ADDRESS	<b>6240 W. HWY. 4</b>
CITY-ST-ZIP	<b>CENTURY FL</b>	6.4 CITY-ST-ZIP	<b>CENTURY, FL. 32535</b>

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, with all other like empowered.

SIGNATURE: Katherine Harris REKIATED DARBY 2/10/99 850-327-4954

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

CR2E037 (11/98)