

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90038 014 ****70.00

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1. Entity Name

DAVISVILLE HERITAGE AND HISTORICAL
PRESERVATION ASSOCIATION INC.



Principal Place of Business

10200 HWY 97
CENTURY FL 32535

Mailing Address

6470 WEST HWY 4
CENTURY FL 32535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2067706

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOVE, RONALD
6510 WEST HWY 4
CENTURY FL 32535

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DARBY, RALPH
STREET ADDRESS 7351 MCELHANEY ROAD
CITY-ST-ZIP CENTURY FL 32535

TITLE ☐ Delete
NAME DOVE, RONALD
STREET ADDRESS 6510 W. HWY 4
CITY-ST-ZIP CENTURY FL 32535

TITLE ☐ Delete
NAME DARBY, KATIE
STREET ADDRESS 7351 MCELHANEY RD
CITY-ST-ZIP CENTURY FL 32535

TITLE ☐ Delete
NAME DOVE, EVIE
STREET ADDRESS 6470 WEST HWY 4
CITY-ST-ZIP CENTURY FL 32535

TITLE ☐ Delete
NAME NORRIS, RAYMOND
STREET ADDRESS 7451 MCELHANEY RD
CITY-ST-ZIP CENTURY FL 32535

TITLE ☐ Delete
NAME BARTLEY, NANCY
STREET ADDRESS 8080 PINE FORREST RD
CITY-ST-ZIP WALNUT HILL FL 32568

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katie Darby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04
Date

8503274954
Daytime Phone #