

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 764802 (5)
1. Corporation Name

SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 968
NEW SMYRNA BEACH FL 32170-7968P O BOX 968
NEW SMYRNA BEACH FL 32170-09683. Date Incorporated or Qualified
09/02/19823a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 201 Sams Avenue

26 P.O. Box 968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 New Smyrna Beach

28 Florida

Zip

Country

Zip

Country

24 32170

25

29 32170

30 Volusia

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLSFELT, GOERGE
115 WASHINGTON STREET
NEW SMYRNA BEACH FL 32168

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SWEETT, LARRY
STREET ADDRESS 1309 MAGNOLIA ST.
CITY-ST-ZIP NEW SMYRNA BCH. FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PD
1.3 STREET ADDRESS Dolores Maylone
1.4 CITY-ST-ZIP 204 S. Myrtle
New Smyrna Bch, Fl. 32168 ☒ Change ☐ AdditionTITLE VD ☒ DELETE
NAME SWEAT, DANA
STREET ADDRESS 2010 QUEEN PALM DR.
CITY-ST-ZIP EDGEWATER FL2.1 TITLE VD
2.2 NAME Sherry Bubeck
2.3 STREET ADDRESS 101 Wayne Ave.
2.4 CITY-ST-ZIP NSB 32158 ☒ Change ☐ AdditionTITLE SD ☒ DELETE
NAME SWEAT, SANDY
STREET ADDRESS 2010 QUEEN PALM DR.
CITY-ST-ZIP EDGEWATER FL3.1 TITLE SD
3.2 NAME Bobby Mattox
3.3 STREET ADDRESS 2219 Sable Palm DV.
3.4 CITY-ST-ZIP Edgewater, Fl. 32141 ☐ Change ☐ AdditionTITLE TD ☐ DELETE
NAME WILBURN, PEGGY
STREET ADDRESS 4301 S ATLANTIC
CITY-ST-ZIP NEW SMYRNA BEACH FL4.1 TITLE TD
4.2 NAME Same
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6003240

CR2E037 (9/96)