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**Feb 02 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 # 764802 (5)

1. Corporation Name

SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

201 SAMS AVE.
NEW SMYRNA BEACH FL 32170
US

P O BOX 968
NEW SMYRNA BEACH FL 32170
US

3. Date Incorporated or Qualified

09/02/1982

4. FEI Number

59-2451690

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 DOLORES MAYLONE
STREET ADDRESS 204 S. MYRTLE
CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE VD ☒ DELETE
NAME SHERRY BUBECK
STREET ADDRESS 101 WAYNE AVE.
CITY-ST-ZIP EDGEWATER FL

TITLE SD ☒ DELETE
NAME BOBBY MATTOX
STREET ADDRESS 2219 SABLE PALM DV.
CITY-ST-ZIP EDGEWATER FL

TITLE TD ☒ DELETE
NAME WILBURN, PEGGY
STREET ADDRESS 4301 S ATLANTIC
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ROBINETTE M. MATTOX
1.3 STREET ADDRESS 2219 SABLE PALM DR.
1.4 CITY-ST-ZIP EDGEWATER FL 32141

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME GENE SHELDON
2.3 STREET ADDRESS 331 PINEBROOK
2.4 CITY-ST-ZIP EDGEWATER FL 32142

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME CYNTHIA WHITE
3.3 STREET ADDRESS 202 BEACHWAY AVE.
3.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME KATHLEEN JONES
4.3 STREET ADDRESS 1307 TURNBULL ST
4.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Robinette M. Mattox Robinette M. Mattox /13/98 428-7794

CR2E037 (10/97)