

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90110 029 \*\*\*\*61.25

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**DOCUMENT # 764802**

1. Corporation Name

**SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.**

Principal Place of Business

201 SAMS AVE.  
NEW SMYRNA BEACH FL 32170  
US

Mailing Address

P O BOX 968  
NEW SMYRNA BEACH FL 32170  
US

104471 90110 29 1 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/02/1982

4. FEI Number

59-2451690

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WOLSFELT, GOERGE  
115 WASHINGTON STREET  
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME MATTOX, ROBINETTEM  
STREET ADDRESS 2219 SABAL PALM DR  
CITY-ST-ZIP EDGEWATER FL 32141

☒ DELETE

TITLE VD  
NAME SHELDON, GENE  
STREET ADDRESS 336 PINEBREEZE  
CITY-ST-ZIP EDGEWATER FL 32142

☒ DELETE

TITLE SD  
NAME WHITE, CYNTHIA  
STREET ADDRESS 202 BEACHWAY AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

☐ DELETE

TITLE TD  
NAME JONES, KATHLEEN  
STREET ADDRESS 1307 TURNBULL ST  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME SHELDON, GENE  
1.3 STREET ADDRESS P.O. Box 849 / 336 Pine Breeze Dr  
1.4 CITY-ST-ZIP EDGEWATER, FL 32132

☒ Change ☒ Addition

2.1 TITLE VD  
2.2 NAME SWEET, LARRY  
2.3 STREET ADDRESS 1309 MAGNOLIA Street  
2.4 CITY-ST-ZIP New Smyrna Beach, FL 32168

☒ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 904)409-8076

Date

Daytime Phone #

CR2E037 (11/98)