


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90225 041 ****61.25

0045316

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767612					
1. Corporation Name JONATHAN DICKINSON STATE PARK INTERPRETIVE ASSOCIATION, INC.					
Principal Place of Business 16450 S.E. FEDERAL HWY. PO BOX 1397 HOBE SOUND FL 33455			Mailing Address 16450 S.E. FEDERAL HWY. PO BOX 1397 HOBE SOUND FL 33455		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2297511	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BUETENS, MELVIN WM. 8965 BRIDGE RD. HOBE SOUND FL 33455				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOLLEFSON, E. SAM			1.2 NAME			
STREET ADDRESS	8636 S.E. MAY TERR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAILEY, SANDY			2.2 NAME			
STREET ADDRESS	16346 N 106 TERR			2.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, SHARON			3.2 NAME			
STREET ADDRESS	8816 SE MAY TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL			3.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTS, RICHARD(PK.COORD			4.2 NAME			
STREET ADDRESS	8591 S.E.DUNCAN ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99

Date

561-546-
2376

Daytime Phone #

CR2E037 (11/98)