FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768212 (3)

1. Corporation Name
EUSTIS HISTORICAL MUSEUM & PRESERVATION SOCIETY, INC.

000001492230
-05/17/95--01166--012
DO NOT WRITE ABOVE THIS SPACE ****61.25

Principal Place of Business	Mailing Address
536 N. BAY STREET EUSTIS FL 32726-3439	536 N. BAY STREET EUSTIS FL 32726-3439

3. Date Incorporated or Qualified: 04/26/1983
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2351006 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. 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
JACOBS, GERALD C. 507 DIEDRICH ST. EUSTIS FL 32726	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE VP	VP.	☐ Change ☒ Addition
NAME	RYAN, ETHEL	1.2 NAME	RYAN, ETHEL I.	
STREET ADDRESS	506 GOTTSCHE AVE	1.3 STREET ADDRES	506 GOTTSCHE AVE	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	EUSTIS, FL. 32726	
TITLE	D	2.1 TITLE D-	TRASK, ARET E.	☒ Change ☐ Addition
NAME	KENNEDY, BETTE	2.2 NAME		
STREET ADDRESS	802 S. HILL ST.	2.3 STREET ADDRESS N/A	P.O. Box 866 NA	
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	MT. DORA, FL. 32757	
TITLE	D	3.1 TITLE D	MATTHEWS, SHANE	☒ Change ☐ Addition
NAME	MATTHEWS, SHANE	3.2 NAME		
STREET ADDRESS	703 N. DIXON AVENUE	3.3 STREET ADDRESS	2606 Monteceto Ave.	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	Eustis, FL 32726	
TITLE	S	4.1 TITLE D	DIRECTOR	☒ Change ☐ Addition
NAME	LE FEVRE, ELIZABETH	4.2 NAME	MCKENZIE, ELIZABETH "KAY"	
STREET ADDRESS	4024 LAKE SAUNDERS DR.	4.3 STREET ADDRESS	516 S. EXETER STREET	
CITY-ST-ZIP	MT. DORA FL	4.4 CITY-ST-ZIP	EUSTIS, FL. 32726	
TITLE	T	5.1 TITLE P	President	☐ Change ☒ Addition
NAME	CARTER, LOUISE L.	5.2 NAME	CARTER, LOUISE L.	
STREET ADDRESS	35549 CYPRESS CT.	5.3 STREET ADDRESS	35549 CYPRESS CT.	
CITY-ST-ZIP	GRAND ISLAND FL	5.4 CITY-ST-ZIP	GRAND ISLAND, FL 32735-0522	
TITLE	D	6.1 TITLE T	Treasurer	☒ Change ☐ Addition
NAME	TRASK, ARET E.	6.2 NAME	Barnett, Nancy A.	
STREET ADDRESS	22 FOREST LANE	6.3 STREET ADDRESS	28 Pine St.	
CITY-ST-ZIP	EUSTIS FL	6.4 CITY-ST-ZIP	Eustis, FL 32726	

2nd 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nancy A. Barnett 4/24/95 (904)483-5460
SIGNATURE AND TYPED OR PRINTED NAME OF DIONNO OFFICER OR DIRECTOR — Date — Daytime Phone #
Nancy A. Barnett

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