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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768212 (3)

1. Corporation Name

EUSTIS HISTORICAL MUSEUM & PRESERVATION SOCIETY, INC.



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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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 restate agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD RYAN, ETHEL**
STREET ADDRESS **506 GOTTSCHKE AVE**
CITY-STATE-ZIP **EUSTIS FL 32726**

TITLE ☐ DELETE
NAME **D TRASK, ARET E**
STREET ADDRESS **P.O. BOX 866 N/A**
CITY-STATE-ZIP **MT DORA FL 32757**

TITLE ☐ DELETE
NAME **D MATTHEWS, SHANE**
STREET ADDRESS **2606 MONTECETO AVE.**
CITY-STATE-ZIP **EUSTIS FL 32726**

TITLE ☐ DELETE
NAME **D Adams, Debra**
STREET ADDRESS **MCKENZIE, ELIZABETH K**
CITY-STATE-ZIP **516 S. EXETER ST. 202 Palm Ave.**
EUSTIS FL 32726

TITLE ☐ DELETE
NAME **P CARTER, LOUISE L.**
STREET ADDRESS **35549 CYPRESS CT.**
CITY-STATE-ZIP **GRAND ISLAND FL 32735-0522**

TITLE ☐ DELETE
NAME **T BARNETT, NANCY . A**
STREET ADDRESS **28 PINE ST.**
CITY-STATE-ZIP **EUSTIS FL 32726**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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)(k), 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 *Louise L. Carter, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 (352) 483-0046
Date Daytime Phone

CR2E037 (12/95)