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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 **03/29/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2351008	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. 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 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 VD	☐ DELETE	1.1 TITLE President	☒ Change ☐ Addition
NAME RYAN, ETHEL		1.2 NAME Ryan, Ethel	
STREET ADDRESS 506 GOTTSCHKE AVE		1.3 STREET ADDRESS 506 Gottsche Ave.	
CITY-ST-ZIP EUSTIS FL 32726		1.4 CITY-ST-ZIP Eustis, Fl. 32726	
TITLE D	☐ DELETE	2.1 TITLE Director	☒ Change ☐ Addition
NAME TRASK, ARET E		2.2 NAME Trask, Aret E	
STREET ADDRESS P.O. BOX 886 N/A		2.3 STREET ADDRESS 15800 Dora Avenue	
CITY-ST-ZIP MY DORA FL 32757		2.4 CITY-ST-ZIP Eustis, Fl. 32726	
TITLE D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME MATTHEWS, SHANE		3.2 NAME	
STREET ADDRESS 2806 MONTECETO AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP EUSTIS FL 32726		3.4 CITY-ST-ZIP	
TITLE D	☒ DELETE	4.1 TITLE Director	☒ Change ☐ Addition
NAME ADAMS, DEBRA		4.2 NAME Gumz, Robert	
STREET ADDRESS 202 PALM AVENUE		4.3 STREET ADDRESS 133 Madrona Drive	
CITY-ST-ZIP EUSTIS FL		4.4 CITY-ST-ZIP Eustis, Fl. 32726	
TITLE P	☒ DELETE	5.1 TITLE Director	☒ Change ☐ Addition
NAME CARTER, LOUISE L.		5.2 NAME Schmidt, June	
STREET ADDRESS 35549 CYPRESS CT.		5.3 STREET ADDRESS 1390 Lakeview Ave	
CITY-ST-ZIP GRAND ISLAND FL 32735-0522		5.4 CITY-ST-ZIP Eustis, Fl. 32726	
TITLE T	☒ DELETE	6.1 TITLE Treasurer	☒ Change ☐ Addition
NAME BARNETT, NANCY . A		6.2 NAME Brothers, Bonita	
STREET ADDRESS 28 PINE ST.		6.3 STREET ADDRESS 2750 Eudora Road	
CITY-ST-ZIP EUSTIS FL 32726		6.4 CITY-ST-ZIP Eustis, Fl. 32726	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:

Ethel Ryan **REQUIRED Ethel Ryan, President**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone # **0013685**

CR2E037 (9/96)