

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

JACOBS, GERALD C.
507 DIEDRICH ST.
EUSTIS FL 32726

3. Date Incorporated or Qualified

04/26/1983

4. FEI Number

59-2351008

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

WALTER P. SIME

82 Street Address (P.O. Box Number is Not Acceptable)

1304 STARLIGHT CIRCLE

83

84 City

EUSTIS

FL

85 Zip Code

32726

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 Walter P. Sime

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 7, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
RYAN, ETHEL
STREET ADDRESS 506 GOTTSCHKE AVE
CITY-ST-ZIP EUSTIS FL

TITLE ☐ DELETE

NAME D
TRASK, ARET E
STREET ADDRESS 15600 DORA AVE
CITY-ST-ZIP EUSTIS FL

TITLE ☐ DELETE

NAME D
MATTHEWS, SHANE
STREET ADDRESS 2800 MONTECETO AVE.
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ DELETE

NAME D
GUMZ, ROBERT
STREET ADDRESS 133 MADRONA DRIVE
CITY-ST-ZIP EUSTIS FL

TITLE ☐ DELETE

NAME D
SCHMIDT, JUNE
STREET ADDRESS 1390 LAKEVIEW AVE
CITY-ST-ZIP EUSTIS FL

TITLE ☐ DELETE

NAME T
~~BROTHERS, BENITA~~
STREET ADDRESS ~~2116 EUDORA ROAD~~
CITY-ST-ZIP ~~EUSTIS FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T
ERTEL, EDWARD
2734 LAKEHAWKINS BLVD
EUSTIS, FL 32726

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.

SIGNATURE: Walter P. Sime

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/98

Date

352357300

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 09 1998 8:00am⁸
Secretary of State

