

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90012 046 ****61.25

DOCUMENT # 768212

1. Entity Name

**EUSTIS HISTORICAL MUSEUM & PRESERVATION
SOCIETY, INC.**



Principal Place of Business

**536 N. BAY STREET
EUSTIS FL 32726-3439**

Mailing Address

**536 N. BAY STREET
EUSTIS FL 32726-3439**

03061000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2351008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRASK, ALTA C
18 FOREST LANE
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name **Alice-McKinstry Davis**

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

536 N. Bay St

City

Eustis, FL

FL

Zip Code

32726

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alice McKinstry Davis

3-19-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **RYAN, ETHEL**
STREET ADDRESS **506 GOTTSCHKE AVE**
CITY-ST-ZIP **EUSTIS FL**

TITLE **D** ☐ Delete
NAME **TRASK, ARET E**
STREET ADDRESS **15800 DORA AVE**
CITY-ST-ZIP **EUSTIS FL**

TITLE **T** ☒ Delete
NAME **TRASK, ALTA**
STREET ADDRESS **18 FOREST LN**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **1VP** ☒ Delete
NAME **LEFEVRE, ELIZABETH**
STREET ADDRESS **4024 LAKE SAUNDERS DRIVE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

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

TITLE **D** ☒ Delete
NAME **LUTTRELL, ED**
STREET ADDRESS **502 BLUEBERRY DR.**
CITY-ST-ZIP **EUSTIS FL 32726**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Ryan, Bob**
STREET ADDRESS **506 Gottsche Ave.**
CITY-ST-ZIP **Eustis FL**

TITLE **T** ☐ Change ☒ Addition
NAME **McGuire, Jean**
STREET ADDRESS **409 S. Center St.**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE **D** ☐ Change ☒ Addition
NAME **Denlinger, Bobbie**
STREET ADDRESS **100 Frosti Way**
CITY-ST-ZIP **Eustis FL 32726**

TITLE **D** ☐ Change ☒ Addition
NAME **Bagg, Charles E.**
STREET ADDRESS **626 Park St.**
CITY-ST-ZIP **Eustis FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean C. McGuire

03-19-04

352-589-0235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #