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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:28

DOCUMENT # F93000001979 (4)

1. Corporation Name

E.H. SCOTT HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1070 NICEVILLE FL 32588 US	P. O. BOX 1070 NICEVILLE FL 32588 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1993
3a. Date of Last Report: 03/02/1994
4. FEI Number: 38-3050517 ☐ 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. 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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MEREDITH, JOHN T
1644 PARKSIDE CIRCLE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

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: John T. Meredith, MD — 2/Feb/95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MEREDITH, JOHN T	1.2 NAME	
STREET ADDRESS	1644 PARKSIDE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	T.D ☒ Change ☐ Addition
NAME	CRAWFORD, LAURA C	2.2 NAME	Karl Ayer
STREET ADDRESS	1644 PARKSIDE CIRCLE	2.3 STREET ADDRESS	P.O. Box 665
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	Thiensville, WI 53092
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, JIM	3.2 NAME	
STREET ADDRESS	1292 STARBOARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEMOS MI 48864	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KING, KENT	4.2 NAME	
STREET ADDRESS	337 YORK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAWARE OH 43015	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	SD ☐ Change ☒ Addition
NAME		5.2 NAME	Joseph W. Koester
STREET ADDRESS		5.3 STREET ADDRESS	249 Spring Gap S.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Laurel, MD 20724
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: John T. Meredith, MD — 2/Feb/95 — (904) 897-7734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072602