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 -3 PM 2:02

DOCUMENT # N01764 (2)

1. Corporation Name
SANFORD HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
520 E. FIRST ST. SANFORD FL 32771	520 E. FIRST ST. SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2661655 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLARKE, F. ALICIA
610 CALIBRE CREST, #203
ALTAMONTE SPRINGS FL 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVSD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BALES, MYRA G	1.2 NAME	GRACE MARIE STINECHIPHER	
STREET ADDRESS	152 MAYFAIR COURT	1.3 STREET ADDRESS	2401 OAK AVE.	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	2.1 TITLE	S	☒ Change ☐ Addition
NAME	GALLANT, ELIZABETH W	2.2 NAME		
STREET ADDRESS	108 MAYFAIR ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, WALTER M	3.2 NAME		
STREET ADDRESS	1004 GROVE MANOR DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	VINCENT, DONALD	4.2 NAME	MYRA G. BALES	
STREET ADDRESS	4689 S SANFORD AVE	4.3 STREET ADDRESS	152 MAYFAIR COURT	
CITY-ST-ZIP	SANFORD FL 32773	4.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, GAIL	5.2 NAME		
STREET ADDRESS	2720 SUMMERFIELD RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP		
TITLE	DCS	6.1 TITLE	D	☒ Change ☐ Addition
NAME	STINECHIPHER, GRACE M	6.2 NAME	PAUL T. BIGGERS	
STREET ADDRESS	2401 OAK AVE	6.3 STREET ADDRESS	113 MAPLE DR.	
CITY-ST-ZIP	SANFORD FL	6.4 CITY-ST-ZIP	DeBARY, FL 32713	

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: Walter M. Smith Treasurer JAN. 31, 1995 (407) 323-5088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALTER M. SMITH

0003766

SANFORD HISTORICAL SOCIETY, INC.
520 East First Street Sanford, FL. 32771
Telephone: (407) 330-5698

1995 OFFICERS AND DIRECTORS
Elected Jan. 26, 1995 Annual Meeting

PRESIDENT - - - - - - - - - - - GRACE MARIE STINECIPHER
2401 Oak Avenue
Sanford, FL. 32771
Phone: 322-4381

VICE PRESIDENT - - - - - - - - DR. VANN PARKER
130 N. Shirley Ave.
Sanford, FL. 32771
Phone: 322-7860

TREASURER - - - - - - - - - - - WALTER M. SMITH
1004 Grove Manor Dr.
Sanford, FL. 32771
Phone: 323-5088

RECORDING SECRETARY - - - - - - ELIZABETH W. GALLANT
108 Mayfair Street
Sanford, FL. 32771
Phone: 323-0504

CORRESPONDING SECRETARY - - - - DORIS GORMLY
115 W. 16th Street
Sanford, FL. 32771
Phone: 321-6835

DIRECTORS

Mrs. MYRA G. BALES 152 Mayfair Court Sanford, FL. 32771
(1995-1996) Phone: 323-1805

PAUL T. BIGGERS 113 Maple Dr. DeBary, FL. 32713
(1995-1996) Phone: 668-6041

Mrs. GAIL H. HARRIS 2720 Summerfield Rd.
(1994-1995) Winter Park, FL. 32792-5112
Phone: 671-1517

Mrs. ALFREDA J. WALLACE 904 W. 13th St. Sanford 32771
(1994-1995) Phone: 323-5111

Henry Shelton Sanford Museum Curator:

F. ALICIA CLARKE (407) 862-5214
610 Calibre Crest, #203
Altamonte Springs, FL. 32714