FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY -5 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01764

1. Corporation Name
SANFORD HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
520 E. FIRST ST. SANFORD FL 32771	PO BOX 168 SANFORD FL 32772 US

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	28	03/06/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2661655 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 26	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VANN PARKER 130 N. SHIRLEY AVENUE SANFORD, FLORIDA 32771	81 Name JOSEPH F. HUNT 82 Street Address P.O. Box Number 901 POWHATAN DRIVE 83 84 City SANFORD FL 85 Zip Code 32771

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 Joseph F. Hunt (TREASURER) 3/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	L MILLARD HUNT		1.2 NAME	GRACE STINECIPHER	
STREET ADDRESS	801 EAST SECOND ST		1.3 STREET ADDRESS	520 E. 1st St. PO Box 168	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	S	☐ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	GRACE M. STINECIPHER		2.2 NAME	VANN, PARKER	
STREET ADDRESS	2401 OAK AVE		2.3 STREET ADDRESS	130 N SHIRLEY AVE	
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	PARKER, VANN		3.2 NAME	Joe Hunt	
STREET ADDRESS	130 N SHIRLEY AVENUE		3.3 STREET ADDRESS	901 Powhatan	
CITY-ST-ZIP	SANFORD FL 32771		3.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	☐ DELETE	4.1 TITLE	S	☐ Change ☐ Addition
NAME	JUDGE LEFFLER KENNETH M		4.2 NAME	BETTY SKATES	
STREET ADDRESS	1400 WINDSOR AV		4.3 STREET ADDRESS	1108 PARK AVE	
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BERYLE STEVENS DYAL		5.2 NAME	MILLARD HUNT	
STREET ADDRESS	2516 GRASSY POINT DR #108		5.3 STREET ADDRESS	801 E. 2nd St	
CITY-ST-ZIP	LAKE MARY FL		5.4 CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	☐ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	BIGGERS, PAUL T		6.2 NAME	CHAPMAN, J. HAROLD	
STREET ADDRESS	113 MAPLE DR		6.3 STREET ADDRESS	121 RAYMOND DR	
CITY-ST-ZIP	DELRAY FL		6.4 CITY-ST-ZIP	SANFORD, FL 32771	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Vonna Parker REVAUNNA PARKER 1/26/99 (407)322-7960
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #