FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03959 (6)

1. Corporation Name
THE MICANOPY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
CHOLOKKA BLVD P.O. BOX 462 MICANOPY FL 32667	CHOLOKKA BLVD P.O. BOX 462 MICANOPY FL 32667

3. Date Incorporated or Qualified: 06/28/1984
3a. Date of Last Report: 02/09/1995

2. Principal Place of Business — 21: Corner of Cholokka Blvd & Bay St
2a. Mailing Address — 26: PO Box 462, Micanopy FL 32667-0462
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2631148 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

HOWARD, H.C. JR
402 NE CHOLOKKA BLVD
MICANOPY FL 32667

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 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TINCHER, ALYCE P O BOX 165 N/A ANTHONY FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Patricia K. King 5410 SE 185 Av. micanopy, FL 32667-0003	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAINEY, BARBARA 1951 NW 35TH ST OCALA FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Karin Hyler 9521 NW Sixth St. Gainesville, FL 32607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV OSBORNE, BRENDA RT 2 BOX 955 MICANOPY FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Melanie Barr ~~PO Box 17~~ 815 NE 3Av. Gainesville, FL 32602	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THRASHER, JOHN E 6424 SE 169TH AVE MICANOPY FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Barbara Raney 1951 NW 35 Street Ocala, FL 32475	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRAFTON-ZINN, VICKI RT 2 BOX 686AA MICANOPY FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Eleanor Thresher 6424 SE 169 Av. micanopy, FL 32667	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Alice Tincher ~~PO Box 165~~ 9690 NE 21 Av. Anthony, FL 32417	☐ Change ☑ Addition

CR2E037 (12/95)

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)(k), 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: Patricia K. King President January 20, 1996 352-466-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia K. King