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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
CORNER OF CHOLOKKA BLVD & BAY ST P.O. BOX 462 MICANOPY FL 32667 US	PO BOX 462 MICANOPY FL 32667-0462 US

3. Date Incorporated or Qualified: 06/28/1984

4. FEI Number: 59-2631148 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	PD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	TINCHER, ALYCE		1.2 NAME	Thrasher, John	
STREET ADDRESS	9695 NE 21B AVE		1.3 STREET ADDRESS	6424 SE 169 Av	
CITY-ST-ZIP	ANTHONY FL		1.4 CITY-ST-ZIP	Micanopy, FL	
TITLE	VD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	ALVERSON, DONNA		2.2 NAME	STREAM, Jean	
STREET ADDRESS	437 NW 100TH ST		2.3 STREET ADDRESS	21465 NW 39 Terr	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Micanopy FL	
TITLE	SD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BARR, MELANIE		3.2 NAME	BARR, Melanie	
STREET ADDRESS	815 NE 3 AVE		3.3 STREET ADDRESS	815 N 3 Av	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	Gainesville, FL	
TITLE	TD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	HORN, CHARLES L		4.2 NAME	Horn, CHARLES L	
STREET ADDRESS	RT 1 BOX 257		4.3 STREET ADDRESS	~~Rt 1 Box 257~~ 224 SE 138th Road	
CITY-ST-ZIP	MICANOPY FL		4.4 CITY-ST-ZIP	Micanopy, FL 32667	
TITLE	D	☒ DELETE	5.1 TITLE	D H (Resigned)	☐ Change ☒ Addition
NAME	THRASHER, ELEANOR		5.2 NAME	CRASS, Patty	
STREET ADDRESS	6424 SE 169 AVE		5.3 STREET ADDRESS	R+ 2 Box 63 (13025 US Hwy 441 So.)	
CITY-ST-ZIP	MICANOPY FL		5.4 CITY-ST-ZIP	Micanopy, FL	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RANEY, BARBARA		6.2 NAME		
STREET ADDRESS	1951 NW 35TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] 2/10/98 352-378-0220