

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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **N07469** (2)
1. Corporation Name
AMERICAN LIGHTHOUSE HISTORICAL SOCIETY, INC.



Principal Place of Business Mailing Address
**1011 NORTH 3RD ST.
JACKSONVILLE BEACH FL 32250** **1011 NORTH 3RD ST.
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/05/1985	3a. Date of Last Report 01/25/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-2577907	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TROTTER, FRIEDA M.
1011 N 3RD ST.
JACKSONVILLE BCH. FL 32250**

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 617.1506, 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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, WILLIAM L	1.2 NAME	
STREET ADDRESS	1011 N 3RD ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANGE, VIRGIL	2.2 NAME	
STREET ADDRESS	716 DAVID AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, LILLIAN	3.2 NAME	
STREET ADDRESS	113 FLORIDA BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEPTUNE BCH. FL	3.4 CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, FRIEDA M.	4.2 NAME	
STREET ADDRESS	1011 N 3RD ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEDSON, STEVE	5.2 NAME	
STREET ADDRESS	1440 BUCKNOLL	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEPTUNE BCH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **Frieda M. Trotter** *Frieda M. Trotter* 1-23-96 (904) 241-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)