

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 07 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08326 (3)
 1. Corporation Name
LEMON BAY HISTORICAL SOCIETY, INC.



Principal Place of Business P.O. BOX 1245 ENGLEWOOD FL 34295-1245	Mailing Address P.O. BOX 1245 ENGLEWOOD FL 34295-1245
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1985	3a. Date of Last Report 12/11/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2387828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HORTON, ESTHER A
1017 BAY HARBOR DR
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent
 81 Name **DIANA D. HARRIS**
 82 Street Address (P.O. Box Number is Not Acceptable)
1760 PARKER DRIVE
 83
 84 City **ENGLEWOOD** FL 85 Zip Code **34223**

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 **Diana D. Harris, PRESIDENT, LEMON BAY HISTORICAL SOCIETY** DATE **JULY 25/1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRIS, DIANA	
STREET ADDRESS	1760 PARKER RD.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HORTON, ESTHER	
STREET ADDRESS	1017 BAY HARBOR DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BASCH, DIANE	
STREET ADDRESS	1525 GULD BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VAN NORMAN, HELEN E.	
STREET ADDRESS	730 MICHIGAN AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARRIS, DIANA	
1.3 STREET ADDRESS	1760 PARKER DRIVE	
1.4 CITY-ST-ZIP	ENGLEWOOD, FLA. 34223	
2.1 TITLE	VICE PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WARREN RICHARDSON	
2.3 STREET ADDRESS	310 DEARBORN ST.	
2.4 CITY-ST-ZIP	ENGLEWOOD, FLA. 34223	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIDGE MATHIS	
4.3 STREET ADDRESS	444 DEARBORN ST.	
4.4 CITY-ST-ZIP	ENGLEWOOD, FLA. 34223	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 **Diana D. Harris** DATE **JULY 25 1997 . (941)-474-5837**

CR2E037 (4/97)