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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N09696 (8)

1. Corporation Name

SEBASTIAN AREA HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 781348 SEBASTIAN FL 32978	P.O. BOX 781348 SEBASTIAN FL 32978

3. Date Incorporated or Qualified: 06/12/1985	3a. Date of Last Report: 03/24/1995
4. FEI Number: 59-2716155	☐ 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	

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

9. Name and Address of Current Registered Agent

VANDEVOORDE, RENE G
1327 N CENTRAL AVE
SEBASTIAN FL 32958

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	PD	☒ Change ☐ Addition
NAME	BERTRAM, VIRGINIA		1.2 NAME	JOAN M KOSTENBADER	
STREET ADDRESS	1265 GEORGE STREET		1.3 STREET ADDRESS	852 DOCTOR AVE	
CITY-ST-ZIP	SEBASTIAN FL		1.4 CITY-ST-ZIP	SEBASTIAN FL 32958-4824	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SADLER, CORA		2.2 NAME	CAROL JOHNSON	
STREET ADDRESS	13445 834D AVENUE		2.3 STREET ADDRESS	1309 LOUISIANA AVE	
CITY-ST-ZIP	ROSELAND FL		2.4 CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERT		3.2 NAME		
STREET ADDRESS	11192 ROSELAND ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WESTFAHL, ARLINE		4.2 NAME		
STREET ADDRESS	754 ROLLING HILL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Joan M. Kostenbader 2/7/96 407-589-9741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOAN M KOSTENBADER