## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09696

(8)

Mailing Address

SEBASTIAN AREA HISTORICAL SOCIETY, INC.

FILED
Jan 22 1998 8:00am
Secretary of State

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SEBASTIAN FL 29796  SEBASTIAN FL 297976  SUID, Apt. 4 etc.  Suide, Apt. 4, etc.  Suide, Apt.	BO BOY 7012	240				20	DOV 201010						
### Control   Applied For   Applied For   Applied For   Applied For   Suita, Apt. #, etc.   2a. Mailing Address   5. Certificate of Status Desired   \$8.75 Additional For Rescribed   \$8.75 Additional	P.O. BOX 781348 P.O. BOX 781348		0070					3. Date Incorporated or Qualified					
2. Principal Place of Susiness	025.1017.114.12	CEOTO				OLU.	HOTINA IE UZ	2370					
2. Principal Place of Business   2a. Mailing Address   5. Certificate of Status Desired   58.75 Address   7. Surfic. Apt. 4, etc.   5. Certificate of Status Desired   58.00 May 8 B. 47. Surfice. Apt. 4, etc.   6. Election Campaign Financing   55.00 May 8 B. 47. Surfice. Apt. 4, etc.   6. Election Campaign Financing   55.00 May 8 B. 47. Surfice. Apt. 4, etc.   6. Election Campaign Financing   65.00 May 8 B. 47. Surfice. Apt. 4, etc.   7. Is this congruit on the Interview of Status 1. In the Compatition is horizoneres association?   7. Is this congruit on the Interview year Interrigible Personal Property Tax due June 20   1/45   No.   1	1												4. FEI Number Applied For
2. Mailing Address 21													
Suite, Apt. #, etc.	2. Principal F	Place of Busin	ess			2a.	Mailing Addr	ess					
Suite, Apt. #, etc.    Suite, Apt. #, etc.	21					26							- Certificate of Status Desired
22    27    True Fund Contribution   Added to Fees   28    29    25    28    29    25    29    30    8. This corporation a horseware association?   48    48	Suite, Apt.	. #, etc.					Suite, Apt. #,	etc.					
City & State    City & State   City & State   City & State   28   Country   Zip   Country   Zip   Country   Zip   Sip	22				1	27	, , , , , , , , , , , , , , , , , , , ,					, , , , , , , , , , , , , , , , , , ,	
Zip		te											
Zip   Country   Street   Country   Street   Country   Street   Street   Country   Stree	23				- 1	· · · · · · · · · · · · · · · · · · ·							
25   28   29   30   Personal Property Tax due June 20.   Yes   Jho			C	ountry			Zip		Cou	intry			
VANDEVOORDE, RENE G 1327 N CENTRAL, AVE SEBASTIAN FL 32958  88  84 City FL 85 Zip Code  11. Parsuant to the provisions of Sections 917,0002 and 917,1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered appent. I am familiar with, and accept the obligations of, Section 917,9503, Florida Statutes, the above-named corporation's board of directors. I nereby accept the obligations of, Section 917,9503, Florida Statutes, appendix on the provision of programment and the provision of the p	24	l,	25	•	- 13		- 1	ļ.	_				
VANDEVOORDE, RENE G 1327 N CENTRAL AVE SEBASTIAN FL 32958  82 SITURE SEBASTIAN FL 32958  83 SEBASTIAN FL 32958  84 City FL 85 Zip Code  85 City FL 85 Zip Code  87 City FL 85 Zip Code  88 SEBASTIAN FL 32958  13. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 12 Change Addition 325 Market 3				ddress of Curre		•	red Agent		30			•	
VANDEVOORDE, RENE G 1327 IN CENTRAL AVE SEBASTIAN FL 32958  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,6502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am families with, and accept the obligations of, Section 617,6503, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am families with, and accept the obligations of, Section 617,6503, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am families with, and accept the obligations of, Section 617,6503, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am families with, and accept the obligations of, Section 617,6503, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am families with, and accept the obligations of, Section 617,6503, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent a		***					g			81	N:	ame	To: Name and Addition of their registered Agent
1327 N CENTRAL AVE SEBASTIAN FL 32958  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 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, 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, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or prevad name of registered agent and title il applicable. (NOTE Registered Agent agreature required when reliebtling).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. TITLE  NAME  NOSTENBADER, JOAN M.  13. TREET ADDRESS  SEDASTIAN FL  14. ADTY-ST-2P  14. ADTY-ST-2P  15. SEPASTIAN FL  15. TITLE  15. UP  NAME  JOHNSON, CAROL  33. STREET ADDRESS  SEBASTIAN FL  11112	VANDEU	/^^DDE DE	NE C								' "		
SEBASTIAN FL 32958    88	Y			ı						82	St	reet Add	dress (P.O. Box Number is Not Acceptable)
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 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, 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, and accept the obligations of, Section 617.0503, Pichida Statutes.    SIGNATURE			_						ĺ	-			
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submite 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, and analyse the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE	SEBASI	IAN FL 3295	8							83			
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submite 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, and analyse the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE									- 1	84	Ci	tv	as Zin Codo
SIGNATURE    Signature, typed or privited name of registered appent and itse if applicable. (NOTE, Registered Appent alignature recepted whon reinstating) DATE   12.										-	_	•	<b>₽</b> ₽     `
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SIGNATURE    Signature, typed or privited name of registered appent and itse if applicable. (NOTE, Registered Appent alignature recepted whon reinstating) DATE   12.	office or i	registered age im familiar wit	ant, or h. and	both, in the Stat accept the oblid	te of Fl dation:	lorida s of	a. Such chan: Section 617	ge was au 0503 Elori	ithorized	d by	the	corpora	ation's board of directors. I hereby accept the appointment as registered
Signature, typed or priving dame of registroes agreet and title if applicable.   (NOTE, Registrated Agreet agree			.,		30.00	,		0000, 1 101.	ida Olai	4100			
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CITY-ST-ZIP  SEBASTIAN FL  34. CITY-ST-ZIP  TITLE  TD  WESTFAHL, ARLINE  NAME  WESTFAHL, ARLINE  754 ROLLING HILL DRIVE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  FO BOX 244 - 1296 5-82 nd C4  4.3 STREET ADDRESS  A.4 CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  DELETE  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  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.	STREET ADDRESS	11192 RC	SEL/	AND ROAD					3.3 STF	REET A	ADDRI	ESS	
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	14. I hereby c	ertify that the	inform	ation supplied w	vith thi	s filin	g does not o	ualify for t	he exer	noti	on s	tated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

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:

CHATTE REQUIRED

1-8-98

561-778-1656