

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:44

DOCUMENT # N15231 (6)

1. Corporation Name
PORT ORANGE HISTORICAL TRUST, INC.

Principal Place of Business Mailing Address
% DON SUMNER 3406 S. NOVA RD. PORT ORANGE FL 32119
% DON SUMNER 3406 S. NOVA RD. PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1986 3a. Date of Last Report 03/18/1994
4. FEI Number 59-2730469 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Port Orange Historical Trust, Inc. 24 Port Orange Historical Trust, Inc.
22 P.O. Box 291156 27 P.O. Box 291156
23 Port Orange Fla. 28 Port Orange Fla.
24 32119 25 Country 29 32119 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HALLER, WILBUR
725 HERBERT ST.
PORT ORANGE FL 32119
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when meeting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLER, WILBUR G	1.2 NAME	
STREET ADDRESS	725 HERBERT ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, AGNES S	2.2 NAME	
STREET ADDRESS	4275 RIDGEWOOD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, DONALD H	3.2 NAME	Sumner, Clarice
STREET ADDRESS	3404 S. NOVA RD.	3.3 STREET ADDRESS	3404 S. Nova RD
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP	Port Orange Fla. 32119
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, RUFUS G	4.2 NAME	
STREET ADDRESS	5360 BARRHYDT AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, HAROLD D	5.2 NAME	Caldwell Harold D
STREET ADDRESS	1343 WOODBINE ST.	5.3 STREET ADDRESS	1343 Woodbine Sy.
CITY-ST-ZIP	DAYTONA BEACH FL 32114	5.4 CITY-ST-ZIP	Daytona Beach Fla. 32114
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, JAMES	6.2 NAME	
STREET ADDRESS	120 BELLEVUE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	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 199.02(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or consolidated 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 authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: Wilbur George Haller 240-1995 (904) 767-3825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR