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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N15231 (6)
1. Corporation Name
PORT ORANGE HISTORICAL TRUST, INC.



Principal Place of Business: PO BOX 291156, PORT ORANGE FL 32119, US
Mailing Address: PO BOX 291156, PORT ORANGE FL 32129-1156, US

3. Date Incorporated or Qualified: 06/04/1986
3a. Date of Last Report: 03/28/1996
4. FEI Number: 59-2730469
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: 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; 30 Country

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALLER, WILBUR G	
STREET ADDRESS	725 HERBERT ST.	
CITY - ST - ZIP	PORT ORANGE FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNBAR, AGNES S	
STREET ADDRESS	4275 RIDGEWOOD AVE.	
CITY - ST - ZIP	PORT ORANGE FL 32119	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUMNER, DONALD H	
STREET ADDRESS	3404 S. NOVA RD.	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, RUFUS G	
STREET ADDRESS	5360 BARHYDT AVE.	
CITY - ST - ZIP	PORT ORANGE FL 32119	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALDWELL, HAROLD D	
STREET ADDRESS	1343 WOODBINE ST.	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVENSON, JAMES	
STREET ADDRESS	120 BELLEVUE AVE.	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cardwell Priseilla	
1.3 STREET ADDRESS	1343 Woodbine St.	
1.4 CITY - ST - ZIP	Daytona Beach Fla. 32114	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cardwell Thelma	
2.3 STREET ADDRESS	4190 Spruce Cr. Rd.	
2.4 CITY - ST - ZIP	Port Orange Fla. 32137	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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: *Wilbur George Haller* 3-15-97 (904) 7673825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0002687

CR2E037 (9/96)