

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32119 US
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3. Date Incorporated or Qualified 06/04/1986
4. FEI Number 59-2730469
<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	
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	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDWELL PRISCILLA	1.2 NAME	Cardwell, Priscilla
STREET ADDRESS	1343 WOODBINE ST	1.3 STREET ADDRESS	1343 WOODBINE ST.
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114-5740
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDWELL THELMA	2.2 NAME	
STREET ADDRESS	4190 SPRUCE CR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, RUFUS G	3.2 NAME	
STREET ADDRESS	5360 BARIHYDT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, HAROLD D	4.2 NAME	Cardwell, Harold D., Sr.
STREET ADDRESS	1343 WOODBINE ST.	4.3 STREET ADDRESS	1343 WOODBINE ST.
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114-5740
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Christine Doughty
STREET ADDRESS		5.3 STREET ADDRESS	404 Western Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New Smyrna Beach FL 32168
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Carol Kubacki
STREET ADDRESS		6.3 STREET ADDRESS	946 Crystal Lake Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Port Orange FL 32127

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 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: _____ **SIGNATURE REQUIRED** *[Signature]* Date **1/22/98** # **904-** 252-6133

CR2E087 (10/97)