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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15231

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



2. Principal Place of Business

21 3431 Ridgewood AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/04/1986

22 City & State

23 PORT ORANGE - VOLUSCIA FL

27 City & State

28

4. FEI Number

59-2730469

Applied For...
Not Applicable

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

CAROL KUBACKI

82 Street Address (P.O. Box Number is Not Acceptable)

946 CRYSTAL LAKE DRIVE

83

PORT ORANGE

84 City

FL

85 Zip Code

32127

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 Carol Kubacki - Treasurer

1-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME CARDWELL, PRISCILLA
STREET ADDRESS 1343 WOODBINE ST
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE DS DELETE

NAME CARDWELL THELMA
STREET ADDRESS 4190 SPRUCE CR RD
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VD DELETE

NAME DOUGHTY, CHRISTINE
STREET ADDRESS 404 WESTERN RD
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE PD DELETE

NAME CARDWELL, HAROLD D SR
STREET ADDRESS 1343 WOODBINE ST.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE DT DELETE

NAME KUBACKI, CAROL
STREET ADDRESS 946 CRYSTAL LAKE DKR
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

904-788-2143

Daytime Phone #

CR2E037 (11/98)