

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # N17925 (1)

1. Corporation Name

WINTER PARK HISTORICAL ASSOCIATION, INC.



Principal Place of Business: PO BOX 51 WINTER PARK FL 32790
Mailing Address: PO BOX 51 WINTER PARK FL 32790

3. Date Incorporated or Qualified: 11/24/1986
3a. Date of Last Report: 01/27/1995

21	21	26	26	4. FET Number: 59-2884695	Applied For: Not Applicable
22	22	27	27	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23	23	28	28	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24	29	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HAINES, JOHN, DEM
716 N INTERLACHEN AVE
WINTER PARK FL 32789

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SEWELL, RICHARD	
STREET ADDRESS	1017 ALOMA AVE	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, RON	
STREET ADDRESS	221 E CANTON AVE	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MORAN, MARGARET	
STREET ADDRESS	2500 LEE RD #131, W	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLADO, GUY	
STREET ADDRESS	1936 FAWSETT RD	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEFEVRE, DAN	
STREET ADDRESS	1760 ALABAMA DR	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, GAIL	
STREET ADDRESS	2720 SUMMERFIELD RD	
CITY- ST- ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GAY JUNG	
1.3 STREET ADDRESS	713 GRANVILLE DRIVE	
1.4 CITY- ST- ZIP	WINTER PARK, FL 32789	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT A. MILLER	
2.3 STREET ADDRESS	1425 LANE KNOWLES CIRCLE	
2.4 CITY- ST- ZIP	WINTER PARK, FL 32789	
3.1 TITLE	ADJ. PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ADJ HAINES	
3.3 STREET ADDRESS	716 N. INTERLACHEN AVE	
3.4 CITY- ST- ZIP	WINTER PARK, FL 32789	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AL LANG (LONG)	
4.3 STREET ADDRESS	480 CORTLAND AVE	
4.4 CITY- ST- ZIP	WINTER PARK, FL 32789	
5.1 TITLE	DONNA RHEIN- DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1513 BIBURUNHAM LANE	
5.3 STREET ADDRESS	WINTER PARK, FL 32789	
5.4 CITY- ST- ZIP	WINTER PARK, FL 32789	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HEATHER WOLF	
6.3 STREET ADDRESS	895 TOWN CIRCLE	
6.4 CITY- ST- ZIP	WINTER PARK, FL 32751 (32751)	

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 119.07(3)(k), 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: Robert A. Miller, Treasurer 1-21-96 407-647-1342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)