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Feb 18 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 # N17925 (1)  
1. Corporation Name  
WINTER PARK HISTORICAL ASSOCIATION, INC.



Principal Place of Business: PO BOX 51 WINTER PARK FL 32780  
Mailing Address: PO BOX 51 WINTER PARK FL 32780-0051

3. Date Incorporated or Qualified: 11/24/1986  
3a. Date of Last Report: 01/26/1996  
4. FEI Number: 59-2884695  
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: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

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: 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: 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: P	NAME: JUNG, GAY STREET ADDRESS: 713 GRANVILLE DR CITY-ST-ZIP: WINTER PARK FL
TITLE: T	NAME: MILLER, ROBERT A STREET ADDRESS: 1425 LAKE KNOOLES CIRCLE CITY-ST-ZIP: WINTER PARK FL
TITLE: V	NAME: HAINES, ADA STREET ADDRESS: 716 N INTERLACKEN AVE CITY-ST-ZIP: WINTER PARK FL
TITLE: D	NAME: LONG, AL STREET ADDRESS: 430 CORTLAND AVE CITY-ST-ZIP: WINTER PARK FL
TITLE: D	NAME: RHEIN, DONNA STREET ADDRESS: 1513 BIBURUNAYA LANE CITY-ST-ZIP: WINTER PARK FL
TITLE: D	NAME: WOLF, HEATHER STREET ADDRESS: 895 TOWN CIRCLE CITY-ST-ZIP: MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P	1.2 NAME: ELEANOR IRVING 1.3 STREET ADDRESS: 311 E MORSE BLVD, B-6-#8 1.4 CITY-ST-ZIP: WINTER PARK, FL 32789
2.1 TITLE: D	2.2 NAME: ANN SAHRMAN 2.3 STREET ADDRESS: 1044 OSCEOLA AVE 2.4 CITY-ST-ZIP: WINTER PARK, FL 32789
3.1 TITLE: V	3.2 NAME: TERRY HOTARD 3.3 STREET ADDRESS: 1461 PALMER AVE 3.4 CITY-ST-ZIP: WINTER PARK, FL 32789
4.1 TITLE: P	4.2 NAME: DAN DUEK 4.3 STREET ADDRESS: 301 B - NORTH PARKWAY 4.4 CITY-ST-ZIP: WINTER PARK, FL 32789
5.1 TITLE: D	5.2 NAME: SANDRA STARR 5.3 STREET ADDRESS: 600 VIA LUQUANO 5.4 CITY-ST-ZIP: WINTER PARK, FL 32789
6.1 TITLE: D	6.2 NAME: LUCY MORSE 6.3 STREET ADDRESS: 726 MORSE OSCEOLA AVE 6.4 CITY-ST-ZIP: WINTER PARK, FL 32789

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: SIGNATURE REQUIRED [Signature] 2-12-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016208

CR2E037 (9/96)