FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **N21028** **(8)**

1. Corporation Name

DADE BATTLEFIELD SOCIETY, INC.

Principal Place of Business	Mailing Address
BATTLEFIELD DR. P.O. BOX 309 BUSHNELL FL 33513-7309	BATTLEFIELD DR. P.O. BOX 309 BUSHNELL FL 33513-7309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2820082 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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

MANN, SHEILA
HIGHWAY 301 NORTH
BUSHNELL FL 33513

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☒ Addition
NAME	MANN, SHEILA	12 NAME		
STREET ADDRESS	HIGHWAY 301 NORTH	13 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL	14 CITY-ST-ZIP	33513	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	DEHART, JASON	22 NAME		
STREET ADDRESS	RT. 1	23 STREET ADDRESS		
CITY-ST-ZIP	OXFORD FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☒ Addition
NAME	LAUMER, FRANK	32 NAME		
STREET ADDRESS	35247 REYNOLDS	33 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL	34 CITY-ST-ZIP	33525	
TITLE	T	41 TITLE		☐ Change ☒ Addition
NAME	ALLEN, CHARLENE	42 NAME		
STREET ADDRESS	ROUTE 3, BOX 233F	43 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL	44 CITY-ST-ZIP	33513	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GIRON, RAYMOND	52 NAME		
STREET ADDRESS	P.O. BOX 316 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH FL	54 CITY-ST-ZIP		
TITLE	VS	61 TITLE		☒ Change ☒ Addition
NAME	MONTGOMERY, JEFFERY J	62 NAME	Montgomery, Jeffrey J.	
STREET ADDRESS	12346 S. IRIS PT.	63 STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY FL	64 CITY-ST-ZIP	34436	

JM 5/11

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)(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: Jeffrey J. Montgomery Jeffrey J. Montgomery 4/9/95 904-754-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0092003

N21028

Department of Environmental Protection

Lawton Chiles
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Virginia B. Wetherell
Secretary

May 1, 1995

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Dear Mr. Mann:

This letter is to certify to you that the Friends of Dade Battlefield Society, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/pwc

RECEIVED
95 MAY -1 PM 2:54
DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA