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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21028** (8)

1. Corporation Name
DADE BATTLEFIELD SOCIETY, INC.

Principal Place of Business DADE BATTLEFIELD ST. HIST. SITE 7200 CR 603 BUSHNELL FL 33513	Mailing Address BATTLEFIELD DR P.O. BOX 309 BUSHNELL FL 33513-7309
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/08/1987	
4. FEI Number 59-2820082	Applied For <input type="checkbox"/> Not Applicable
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

10. Name and Address of New Registered Agent

**LAUMER, FRANK
35247 REYNOLDS
DADE CITY FL 33525**

81 Name Barbara Roberts-Webster	
82 Street Address (P.O. Box Number is Not Acceptable) Dade Battlefield State Historic Site	
83 7200 CR 603	
84 City Bushnell	85 Zip Code FL 33513

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 Barbara Roberts-Webster Barbara Roberts-Webster, Treasurer 4/17/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Treasurer (TD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MANN, SHEILA		1.2 NAME Barbara Roberts-Webster	
STREET ADDRESS HIGHWAY 301 NORTH		1.3 STREET ADDRESS 7200 CR 603	
CITY-ST-ZIP BUSHNELL FL 33513		1.4 CITY-ST-ZIP Bushnell, FL 33513	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President (VD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEHART, JASON		2.2 NAME Brian Kepner	
STREET ADDRESS 11982 CR 209		2.3 STREET ADDRESS 3426 NW 22 Terr.	
CITY-ST-ZIP OXFORD FL 34484		2.4 CITY-ST-ZIP Gainesville, FL 32605-2345	
TITLE DP	<input type="checkbox"/> DELETE	3.1 TITLE President (PD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAUMER, FRANK		3.2 NAME Jerry Morris	
STREET ADDRESS 35247 REYNOLDS		3.3 STREET ADDRESS 7710 Coral Vine Lane	
CITY-ST-ZIP DADE CITY FL 33525		3.4 CITY-ST-ZIP Tampa, FL 33619	
TITLE DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Secretary (SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALLEN, CHARLENE		4.2 NAME Alison Kreis	
STREET ADDRESS 4012 CR 5325		4.3 STREET ADDRESS P.O. BOX 1883 NA	
CITY-ST-ZIP BUSHNELL FL 33513		4.4 CITY-ST-ZIP Bushnell, FL 33513	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIRON, RAYMOND		5.2 NAME	
STREET ADDRESS P.O. BOX 316 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP MCINTOSH FL 32664		5.4 CITY-ST-ZIP	
TITLE DS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTGOMERY, JEFFREY J		6.2 NAME	
STREET ADDRESS 12346 S. IRIS PT.		6.3 STREET ADDRESS	
CITY-ST-ZIP FLORAL CITY FL 34436		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.

SIGNATURE Barbara Roberts-Webster 4/17/98 13521093-470

CR2E037 (10/97)



N21028

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Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 14, 1998

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

Dear Mr. Mann:

This letter is to certify to you that 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/paw
Attachments