

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21033 (8)**

1. Corporation Name

WEST NASSAU HISTORICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

113 W. DIXIE AVENUE
P.O. BOX 1758
CALLAHAN FL 32011

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P.O. BOX 1758
CALLAHAN FL 32011

3. Date Incorporated or Qualified **06/08/1987** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2716279** 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

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, GARY
114 GREEN AVENUE
CALLAHAN FL 32011

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DRIGGERS, LOUISE
STREET ADDRESS	814 S KINGS RD
CITY-ST-ZIP	CALLAHAN FL
TITLE	VD
NAME	BOONE, BOBBI
STREET ADDRESS	S. KINGS RD
CITY-ST-ZIP	CALLAHAN FL
TITLE	S
NAME	MOBLEY, ELIZABETH
STREET ADDRESS	RT. 3 BOX 232 N/A
CITY-ST-ZIP	CALLAHAN FL
TITLE	T
NAME	JANET JOHNSON
STREET ADDRESS	309 MICKLER ST.
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	D
NAME	MARVIN L. SLOAN
STREET ADDRESS	RT. 2 BOX 584
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	D
NAME	CRAIG MARSH
STREET ADDRESS	P.O. BOX 56 DIXIE AVE. N/A
CITY-ST-ZIP	CALLAHAN FL 32011

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Louise Hurst
4.4 CITY-ST-ZIP	Rt. 2-Box 301 Hwy 108 Callahan, Fla 32011
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louise Driggers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TYPE OR PRINT NAME

3-20-95 904-879-3675