

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21033** (8)

1. Corporation Name
WEST NASSAU HISTORICAL SOCIETY, INC.



Principal Place of Business: 113 W. DIXIE AVENUE, P.O. BOX 1758, CALLAHAN FL 32011
Mailing Address: 113 W. DIXIE AVENUE, P.O. BOX 1758, CALLAHAN FL 32011

3. Date Incorporated or Qualified: **06/08/1987**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-2716279**
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

**BAKER, GARY
114 GREEN AVENUE
CALLAHAN FL 32011**

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 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: *Gary Baker* (Signature typed or printed name of registered agent and title if applicable.) DATE: **3-22-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input type="checkbox"/> DELETE
NAME	DRIGGERS, LOUISE
STREET ADDRESS	814 S KINGS RD
CITY-ST-ZIP	CALLAHAN FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BOONE, BOBBI
STREET ADDRESS	S. KINGS RD
CITY-ST-ZIP	CALLAHAN FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MOBLEY, ELIZABETH
STREET ADDRESS	RT. 3 BOX 232 N/A
CITY-ST-ZIP	CALLAHAN FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HURST, LOUISE
STREET ADDRESS	RT 2-BOX 301 HWY 108
CITY-ST-ZIP	CALLAHAN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARVIN L. SLOAN
STREET ADDRESS	RT. 2 BOX 584
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	D <input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Louise Driggers - Pres.* DATE: **3-22-96** DAYTIME PHONE #: **904-879-3675**

CR2E037 (12/95)