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FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32011-1758
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3. Date Incorporated or Qualified 06/08/1987	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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4. FEI Number 59-2716279	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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 _____ DATE **5 27 97 979-3675**

CR2E037 (9/96)