

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 06/08/1987	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2716279		
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 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 type="checkbox"/> No		

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, LOUISE	1.2 NAME	
STREET ADDRESS	814 S KINGS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, BOBBI	2.2 NAME	
STREET ADDRESS	S. KINGS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, ELIZABETH	3.2 NAME	Secretary
STREET ADDRESS	RT. 3 BOX 232 N/A	3.3 STREET ADDRESS	JANet Johnson
CITY-ST-ZIP	CALLAHAN FL	3.4 CITY-ST-ZIP	2035 Booth Street
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, LOUISE	4.2 NAME	Sue Marsh
STREET ADDRESS	RT 2-BOX 301 HWY 108	4.3 STREET ADDRESS	5476 Dixie Ave P.O. Box 56
CITY-ST-ZIP	CALLAHAN FL	4.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN L. SLOAN	5.2 NAME	
STREET ADDRESS	RT. 2 BOX 584	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG MARSH	6.2 NAME	
STREET ADDRESS	P.O. BOX 56 DIXIE AVE. N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	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: Louise Driggers - Louise DRIGGERS - Pres. 3-4-98 904-574-3675

CR2E037 (10/97)