FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N21471

(0)

COUNT OF GALVEZ HISTORICAL SOCIETY, INC.

| Principal Place | e of Business | Mailing Address | | | | | | | | |
|--|--|---|----------------------------|----------------------|----------------------------|--|-----------------------------|----------------------|-------------------------|--|
| 2665 SOUTH BAYSHORE DR 2665 SOUTH B STE - 1100 STE - 1100 MAIMI FL 33133 MIAMI FL 3313 | | | BAYSHORE DR | | | | | | | |
| US STORY | | US | | | | 3. Date Incorporated or Qualified 07/06/1987 38. Date of Last Report 06/25/1996 | | | port 6 | |
| 2. Principal P | lace of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 65-0066321 | Applied For Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | See Required | | | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip 24 | Country 25 | | Coun | ntry | | | Yes No | der s. | 199.032, | |
| | 9. Name and Address of Curre | nt Registered Agent | | -T | | 10. Name and Address of New Re | gistered Agent | | | |
| | | | } | B1 | Name | | | | | |
| O'NAGHTEN, JUAN T | | | Į į | 82 | Street Addr | ess (P.O. Box Number is Not Acceptab | ole) | | | |
| | OTH BAYSHORE DR | | 83 | | | | | | | |
| STE - 11 | | | }' | 53 | | | | | | |
| MIAMI FI | L 33133 | | Ţ | 84 | City | | FL 85 | Zip C | ode | |
| office or r | to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig | e of Florida. Such change was a | authorized | by th | named corp he corporati | oration submits this statement for the pion's board of directors. I hereby accept | uroose of chan | ging its ent as r | registered egistered | |
| SIGNATURE . | | | | | | | | | | |
| 40 | Signature, typed or printed name of registered ag | gent and title if applicable. (NOTE ND DIRECTORS | | Agent | signature requir | ed when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE DIDE | 07000 | 2 (1) 40 | |
| 12. | DEFICERS AF | DELETE DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | LERS AND DIRE | | Additio | |
| NAME | ARANA, LUIS R. | | 1.2 NAN | | | | | go | | |
| STREET ADDRESS | NO. 1 CASTILLO DRIVE | | 1,3 STR | | DDBESS | | | | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | 1.4 CIT | | i | | | | | |
| TITLE | TD | | | 21 TITLE | | | Cr | ange | Additio | |
| NAME | BLANC, LODOVICO | | 2.2 NAS | ME | Ì | | | | | |
| STREET ADDRESS | 4190 KIAORA ST | | 2.3 STR | REET AC | DDRESS | | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | 2.4 CH | Y-ST- | ZIP | | | | | |
| TITLE | D | ☐ DELETE | 3.1 TITL | Æ | | | ☐ Cr | ange | Addition | |
| NAME | GANNON, MICHAEL V. | | 3.2 NAN | MΕ | ļ | | | | | |
| STREET ADDRESS | 2121 TURLINGTON HALL | | 3.3 STR | REET AC | DDRESS | | | | | |
| CITY-ST-ZIP | GAINESVILLE FL | Priese | 3 4. C/T | | ZIP | | | | 1 (40%) | |
| TITLE | PD CHACON ECONANIC | DELETE | 4.1 1811 | | | | ∐ Cr | iange | ∐ Addilio | |
| NAME | GARCIA-CHACON, FERNAND 1544 TARRAGONA AVE. | IU | 4. 2 NAI | | | | | | | |
| STREET ADDRESS | CORAL GABLES FL | | 4.3 STR | | { | | | | | |
| CITY-ST-ZIP TITLE | טטאר מאסרבא גר | ☐ DELETE | 4.4 CIT | | ZIP | | Cr | ange | Addition | |
| NAME (| | LJ bittit | 5.1 HIL 5.2 NAM | | - | | F-1 (1) | io i go | AQUIIDI | |
| STREET ADDRESS | | | 5.3 ST8 | | IDRESS | | | | | |
| CITY-ST-ZIP | | | | | | | | | | |
| TITLE | | | | CITY-ST-ZIP TITLE | | | ☐ Cr | ange | Addition | |
| NAME | | | 6.2 NAM | |) | | _ | - | | |
| STREET ADDRESS | | | 6.3 STR | | DDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | | | | | | | |
| 14. I do heret informatio | in indicated on this annual report or | supplemental annual report is to the receiver or trustee empow | fy for the e rue and ac | exem | ption stated | in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 617, Florida S | I effect as if ma | de und | ler oath; th | |