SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26321 (2)

1. Corporation Name
HIGH SPRINGS AREA HISTORICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
NW 1ST AVE P. O. BOX 1711 HIGH SPRINGS FL 32643-7554 US	NW 1ST AVE P. O. BOX 1711 HIGH SPRINGS FL 32643-7554 US

3. Date Incorporated or Qualified: 05/06/1988
3a. Date of Last Report: 06/23/1994
4. FEI Number: NOT APPLICABLE ☐ 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 ☐ FILING FEE IS $61.25
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROBERTS, GEORGAN G.
P.O. BOX 746, 210 N.E. 4TH AVENUE
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

61 Name: KATHY PULTS
62 Street Address (P.O. Box Number is Not Acceptable): 22221 NW 227th DR
63: PO Box 867
64 City: High Springs FL 65 Zip Code: 32643

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: Kathy Pults — KATHY PULTS — DATE: 7/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	EVERETT, LUELL	1.2 NAME	
STREET ADDRESS	605 S.W. 3RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPGS. FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDEN, HOLLY	2.2 NAME	
STREET ADDRESS	HIGHWAY 41	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	ROBERTS, GEORGAN	3.2 NAME	TD KATHY PULTS
STREET ADDRESS	210 NE 4TH AVENUE	3.3 STREET ADDRESS	22221 NW 227th DR
CITY-ST-ZIP	HIGH SPRINGS FL	3.4 CITY-ST-ZIP	High Springs FL 32643
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Kathy Pults — KATHY PULTS — 7/4/95 — (904) 955-7158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000340