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Mar 31 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 # N26321 (2)
1. Corporation Name
HIGH SPRINGS AREA HISTORICAL SOCIETY, INC.

Principal Place of Business NW 1ST AVE P. O. BOX 1711 HIGH SPRINGS FL 32643-7554 US	Mailing Address NW 1ST AVE P. O. BOX 1711 HIGH SPRINGS FL 32643-7554 US
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2. Principal Place of Business 21 HIGH SPRINGS PUBLIC LIBRARY Suite, Apt. #, etc. 22 135 N.W. 1ST AVE. City & State 23 HIGH SPRINGS, FL Zip 24 32643	2a. Mailing Address 25 P.O. BOX 1711 Suite, Apt. #, etc. 27 City & State 28 HIGH SPRINGS, FL Zip 29 32643-1711	Country 26 U.S.A.	Country 30 USA
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3. Date Incorporated or Qualified 05/06/1988
4. FEI Number 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**PULTS, KATHY
22221 NW 227TH DRIVE
P.O. BOX 867
HIGH SPRINGS FL 32643**

10. Name and Address of New Registered Agent
81 Name **JAYNE ORR**
82 Street Address (P.O. Box Number is Not Acceptable)
2610 N.W. 19th AVE.
83
84 City **HIGH SPRINGS** **FL** 85 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 *Jayne Orr* **JAYNE ORR, VICE PRESIDENT** **3/23/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	TRITSCH, RIC	
STREET ADDRESS	RAILROAD AVE	
CITY-ST-ZIP	HIGH SPOS. FL	
TITLE	SD	☒ DELETE
NAME	SAMMONS, SANDY	
STREET ADDRESS	135 N MAIN STREET	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	TD	☒ DELETE
NAME	PULTS, KATHY	
STREET ADDRESS	22211 NW 227 DR	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	SAMMONS, SANDRA	
1.3 STREET ADDRESS	13312 N.W. 214th TERRACE	
1.4 CITY-ST-ZIP	ALACHUA, FL 32615	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	ORR, JAYNE	
2.3 STREET ADDRESS	2610 N.W. 19th AV.	
2.4 CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	FREDERICK, CAROLYN	
3.3 STREET ADDRESS	18821 N.W. 202nd ST.	
3.4 CITY-ST-ZIP	HIGH SPRINGS, FL. 32643	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Sandra Sammons* **3/12/98** **904-462-5058**

CR2E037 (10/97)