

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N34932** (6)
1. Corporation Name
GREEN COVE SPRINGS PRESERVATION SOCIETY, INC.



Principal Place of Business Mailing Address
% STEPHEN J DUVAL
2301 PARK AVE. STE 402
ORANGE PARK FL 32073

3. Date Incorporated or Qualified 10/27/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2955403	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

DUVAL, STEPHEN J.
2301 PARK AVENUE
SUITE 402
ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVAL, STEPHEN J	12 NAME	
STREET ADDRESS	500 MYRTLE AVE	13 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	14 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVAL, SHIRLEY E	22 NAME	
STREET ADDRESS	500 MYRTLE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNAVANT, SANDRA	32 NAME	
STREET ADDRESS	303 N MAGNOLIA ST	33 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	34 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINE, BOB	42 NAME	
STREET ADDRESS	730 MYRTLE AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	44 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, JOAN	52 NAME	
STREET ADDRESS	112 GOVERNOR ST.	53 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)