

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34932** (6)
1. Corporation Name
GREEN COVE SPRINGS PRESERVATION SOCIETY, INC.



Principal Place of Business % STEPHEN J DUVAL 2301 PARK AVE. STE 402 ORANGE PARK FL 32073		Mailing Address % STEPHEN J DUVAL 2301 PARK AVE. STE 402 ORANGE PARK FL 32073-5568	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 10/27/1989		3a. Date of Last Report 05/01/1996	
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 type="checkbox"/> No			
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 617.1608, 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 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SD GARY DOWILLIEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUVAL, STEPHEN J	1.2 NAME	515 Palmer St
STREET ADDRESS	500 MYRTLE AVE	1.3 STREET ADDRESS	Green Cove Springs FL 32043
CITY-ST-ZIP	GREEN COVE SPRGS FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVAL, SHIRLEY E	2.2 NAME	
STREET ADDRESS	500 MYRTLE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNAVANT, SANDRA	3.2 NAME	
STREET ADDRESS	303 N MAGNOLIA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINE, BOB	4.2 NAME	
STREET ADDRESS	730 MYRTLE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRGS FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, JOAN	5.2 NAME	
STREET ADDRESS	112 GOVERNOR ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I do 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: *Shirley E Duval* *Shirley Duval* Treasurer 4/30/97 904 269-1069

CR2E037 (9/96)