

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 2: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36229 (5)

1. Corporation Name

THE GULF BREEZE AREA HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 814
GULF BREEZE FL 32561-7814

P.O. BOX 814
GULF BREEZE FL 32561-7814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1990

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2992666

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

☒

\$68.75 Supplemental
Fee Not Required

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, BETTY ANN
100 DUNCAN AVE
GULF BREEZE FL 32561

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JOHNSON, BETTY ANN
STREET ADDRESS	100 DUNCAN AVE
CITY - ST - ZIP	GULF BREEZE FL
TITLE	VD
NAME	LANG, EDWARD W.
STREET ADDRESS	4105 SOUND OF POINTE DR
CITY - ST - ZIP	GULF BREEZE FL
TITLE	SD
NAME	BRISKA, PATRICIA
STREET ADDRESS	201 SILVERTHORN RD
CITY - ST - ZIP	GULF BREEZE FL
TITLE	TD
NAME	JORDAN, DOROTHY H
STREET ADDRESS	101 BEACH DR
CITY - ST - ZIP	GULF BREEZE FL
TITLE	D
NAME	JAYNES, JO ANN
STREET ADDRESS	304 NORWICH DR
CITY - ST - ZIP	GULF BREEZE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	EDWARD W. LANG	
1.3 STREET ADDRESS	4105 SOUND OF POINTE DR.	
1.4 CITY - ST - ZIP	GULF BREEZE FL	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	NANCY G. TURNBULL	
2.3 STREET ADDRESS	302 NORWICH	
2.4 CITY - ST - ZIP	GULF BREEZE FL	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	JANET REDDITT	
3.3 STREET ADDRESS	309 VALENCIA	
3.4 CITY - ST - ZIP	GULF BREEZE FL	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	BARBARA N. BROWN	
4.3 STREET ADDRESS	302 WILLIAMSBURG	
4.4 CITY - ST - ZIP	GULF BREEZE FL	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	JO ANN JAYNES	
5.3 STREET ADDRESS	304 NORWICH DR.	
5.4 CITY - ST - ZIP	GULF BREEZE FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(a), 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: BARBARA N. BROWN Barbara N. Brown FEB 21 1995 (904) 932-8560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number