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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32562-0814

3. Date Incorporated or Qualified: **01/18/1990**
3a. Date of Last Report: **03/15/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, BETTY ANN
100 DUNCAN AVE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: Smith, Victor R.
82 Street Address (P.O. Box Number is Not Acceptable): 362 Gulf Breeze Pkwy #161
83
84 City: Gulf Breeze FL 85 Zip Code: 32561

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: Victor R. Smith — 2-12-1997
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	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BROWN, BARTOUI		1.2 NAME	Smith, Victor R.	
STREET ADDRESS	302 WILLIAMSBURG		1.3 STREET ADDRESS	362 Gulf Breeze Pkwy #161	
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	TURNBULL, NANCY G.		2.2 NAME	Lang, Ed	
STREET ADDRESS	302 NORWICH		2.3 STREET ADDRESS	4105 Sound Pointe Dr	
CITY-ST-ZIP	GULF BREEZE FL		2.4 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	BRODIE, ANN		3.2 NAME	Brodie, Ann	
STREET ADDRESS	123 EUFALA STREET		3.3 STREET ADDRESS	123 Eufaula St.	
CITY-ST-ZIP	GULF BREEZE FL		3.4 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	SMITH, VICTOR R.		4.2 NAME	Turnbull, Nancy	
STREET ADDRESS	362 GULF BREEZE PKWY #161		4.3 STREET ADDRESS	302 Norwich	
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. 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: SIGNATURE REQUIRED — 2-12-1997 — 904-932-5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074263