**FILE NOW: FILING FEE IS $61.25**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **N41848** **(5)**

1. Corporation Name

**OLUSTEE BATTLEFIELD CITIZENS SUPPORT ORGANIZATIO N, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 382<br>GLEN ST. MARY FL 32040 | P.O. BOX 382<br>GLEN ST. MARY FL 32040-0382 |

3. Date Incorporated or Qualified: 01/29/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3039233 ☐ 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**

SUBIC, VALINDA
US 41 N
WHITE SPRINGS FL 32096

**10. Name and Address of New Registered Agent**

81 Name: Valinda Subic
82 Street Address (P.O. Box Number is Not Acceptable): U.S 41 N
83: P O Drawer G
84 City: White Springs FL 85 Zip Code: 32096

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: Valinda Subic Director Valinda Subic 1/22/97
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 | DV | ☒ DELETE | 1.1 TITLE | DV | ☒ Change ☐ Addition |
| NAME | KEPNER, BRIAN | | 1.2 NAME | John Thrush | |
| STREET ADDRESS | 3426 NW 22 TERR | | 1.3 STREET ADDRESS | Rt 1 Box 683 | |
| CITY-ST-ZIP | GAINESVILLE FL | | 1.4 CITY-ST-ZIP | Bryceville, FL 32009 | |
| TITLE | DP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILLIAMS, ALICE | | 2.2 NAME | | |
| STREET ADDRESS | 114. BARBARA CIRCLE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MACCLENNY FL 32063 | | 2.4 CITY-ST-ZIP | | |
| TITLE | DS | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MARGARET ANN NELSON | | 3.2 NAME | | |
| STREET ADDRESS | 189 WEST IVY ST. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MACCLENNY FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | DT | ☒ DELETE | 4.1 TITLE | DT | ☒ Change ☐ Addition |
| NAME | CHAPPLE, RICK | | 4.2 NAME | Larry Skinner | |
| STREET ADDRESS | 3390 LAUREL GROVE NORTH | | 4.3 STREET ADDRESS | Rt 1 Box 607 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | Bryceville, FL 32063 | |
| 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 | | |

JP 1-21-97

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:** Valinda Subic RESOLVED VALINDA SUBIC 1/22/97 904-397-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

# Department of Environmental Protection

Lawton Chiles
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Virginia B. Wetherell
Secretary

February 19, 1997

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann;

This letter is to certify to you that the *Olustee Battlefield Citizens Support Organization, Inc.* is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw
Attachments

a:cert.ltr