

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

99 JAN 25 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41848**

1. Corporation Name

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

Principal Place of Business

P.O. DRAWER G
WHITE SPRINGS FL 32096

Mailing Address

P.O. DRAWER G
WHITE SPRINGS FL 32096



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/29/1991
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3039233
24 Country	29 Country	Applied For
25	30	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

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Valinda Subic Director

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THRUSH, JOHN	1.2 NAME	
STREET ADDRESS	RT 1 BOX 683	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	1.4 CITY-ST-ZIP	
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	MACCLENLY FL 32063	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, MARGARET A	3.2 NAME	
STREET ADDRESS	169 WEST IVY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENLY FL	3.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KEPNER, BRAIN	4.2 NAME	
STREET ADDRESS	3426 NW 22ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP	
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

MAGNANVILLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 904-3972733

Date

Daytime Phone #

CR2E037 (11/98)



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 21, 1999

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, CLP
Director
Division of Recreation and Parks

FPM/paw
Attachments

RECEIVED
99 JAN 22 AM 10:02
DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA