FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N48400** **(8)**

1. Corporation Name

HISTORIC DELAND, INC.

Principal Place of Business	Mailing Address
535 N. CLARA AVE. DELAND FL 32720	535 N. CLARA AVE. DELAND FL 32720

3. Date Incorporated or Qualified: **04/16/1992**
3a. Date of Last Report: **09/22/1995**

2. Principal Place of Business
21: 302 WEST New York Ave
22: Suite, Apt. #, etc.
23: City & State: Deland Florida
24: Zip: 32720
25: Country: USA

2a. Mailing Address
26: 302 WEST New York Ave.
27: Suite, Apt. #, etc.
28: City & State: Deland Florida
29: Zip: 32720
30: Country: USA

4. FEI Number: **59-3129776** ☐ 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

KLINE, SIMS D.
535 N. CLARA AVE.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: PETER WARRICK
82 Street Address (P.O. Box Number is Not Acceptable): 302 W New York Ave.
83:
84 City: Deland **FL** 85 Zip Code: 32720

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: PETER WARRICK Reg Agent — 2/16/1996
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KLINE, SIMS D.		1.2 NAME		
STREET ADDRESS	442 W. MINNESOTA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, SIDNEY		2.2 NAME		
STREET ADDRESS	535 N. CLARA AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, JANE D.		3.2 NAME		
STREET ADDRESS	539 CADAGUA		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETER WARRICK		4.2 NAME	→	
STREET ADDRESS	302 WEST NEW YORK AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JANET BOLLUM		5.2 NAME	→	
STREET ADDRESS	112 S WOODLAND BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		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 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)(k), 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: PETER WARRICK CHAIRMAN — 2/16/1996 — Daytime Phone: (954) 797-9870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E037 (12/95)