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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000984 (6)**

1. Corporation Name

BICKERS FAMILY HISTORY LIBRARY, INC.

Principal Place of Business

**216 HOSPITAL DRIVE N.E.
FT. WALTON BEACH FL 32548-5068**

Mailing Address

**216 HOSPITAL DRIVE N.E.
FT. WALTON BEACH FL 32548-5068**

3. Date Incorporated or Qualified

12/29/1992

3a. Date of Last Report

06/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3174885

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

10. Name and Address of New Registered Agent

**MIDDLETON, JAMES W
216 HOSPITAL DRIVE N.E.
FT. WALTON BEACH FL 32548-5068**

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 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

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	DS	<input type="checkbox"/> DELETE
NAME	MIDDLETON, JAMES W	
STREET ADDRESS	216 HOSPITAL DRIVE N.E.	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548-5068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIDDLETON, R.E.	
STREET ADDRESS	216 HOSPITAL DRIVE N.E.	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548-5068	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MIDDLETON, LUCYLE B	
STREET ADDRESS	632 MANCHESTER ROAD	
CITY - ST - ZIP	FT. WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKERS, ROBERT L	
STREET ADDRESS	407 WEST 200 SOUTH	
CITY - ST - ZIP	HYRUM UT 84319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

Date

(904) 243-1941

Daytime Phone # **0073976**

CR2E037 (9/96)