

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 # N94000004222 (5)

1. Corporation Name

HISTORIC PRESERVATION SOCIETY OF GREATER FORT WALTON INC.



Principal Place of Business

P.O. BOX 5164
FORT WALTON BEACH FL 32549

Mailing Address

P.O. BOX 5164
FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified
08/01/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3060272

☒ 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

STONE, WILLIAM F
204 BUCK DR.
FORT WALTON BEACH FL 32548

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

TITLE PD ☐ DELETE

NAME LIRK, DOVIE
STREET ADDRESS 44 BISHOP AV NW
CITY - ST - ZIP FT. WALTON BEACH FL

TITLE DV ☐ DELETE

NAME PEELE, ANNA
STREET ADDRESS 640 PINE CONE COURT
CITY - ST - ZIP MARY ESTHER FL 32569

TITLE TD ☐ DELETE

NAME GIBSON, CHRISTINNE
STREET ADDRESS 249 BROOKS ST. SE
CITY - ST - ZIP FT. WALTON BEACH FL

TITLE SD ☐ DELETE

NAME RICE, BERNICE
STREET ADDRESS 96 MONATHAN DR
CITY - ST - ZIP FT. WALTON BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME KIRK, DOVIE
1.3 STREET ADDRESS 44 BISHOP AV NW
1.4 CITY - ST - ZIP FT. WALTON BEACH, FL 32548

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME MARIE COLLINS
2.3 STREET ADDRESS 216 YACHT CLUB DR
2.4 CITY - ST - ZIP FT. WALTON BEACH, FL 32548

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME GIBSON, CHRISTIANNE
3.3 STREET ADDRESS 249 BROOKS ST. SE
3.4 CITY - ST - ZIP FT. WALTON BEACH, FL 32548

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 200001873582
6.3 STREET ADDRESS -06/24/96--01049--008
6.4 CITY - ST - ZIP ***61.25

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:

Bernice A. Rice, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 May 96 (904) 863-3575
Daytime Phone #

CR2E03712195