

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90053 013 ****61.25

DOCUMENT # N94000004945					
1. Entity Name MATECUMBE HISTORICAL TRUST CORPORATION					
Principal Place of Business 75141 OVERSEAS HWY ISLAMORADA, FL 33036			Mailing Address 75141 OVERSEAS HWY ISLAMORADA, FL 33036		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03132008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0530575				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EYSTER, IRVING R 75141 OVERSEAS HWY ISLAMORADA, FL 33036			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EYSTER, IRVING R 75141 OVERSEAS HWY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYAN, COREY 88770 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERNANDEZ, ALINA 75988 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, SHIRLEY F P.O. BOX 232 N/A TAVERNIER, FL 33070 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GLEN 75055 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, DAVID 89051 STATE RD 4A TAVERNIER, FL 33070 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T COHN, DAVID P.O. Box 1099 TAVERNIER, FL 33070	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Irving R. Eyster</i>			4/8/08 305-664-9504		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT
40065788
N94000004945

Annual Report

Matecumbe Historical Trust Corp.

Additional officers:

Barbara Edgar - Secretary
306 North Dr.
Islamorada, Fl. 33036

Henry Rosenthal
P.O. Box 1
Islamorada, Fl. 33036

David Whitney
P.O. Box 1168
Tavernier, Fl. 33070

Richard Russell
44 Russell Lane
Islamorada, Fl. 33036

Cinnamon Edgar
P.O. Box 158
Islamorada, Fl. 33036

Patti Stanley
P.O. Box 1243
Islamorada, Fl. 33036

ATTACHMENT 40065788

#EN04000004945



Application for Consumer's Certificate of Exemption

DR-5
R. 11/03

Sales and Use Tax [pursuant to ss. 212.08(6), (7), and 213.12(2), Florida Statutes]

* NO FEE REQUIRED *



CHECK ONE:



New



Renewal

Certificate No. _____

MAIL TO:

CENTRAL REGISTRATION/EXEMPTIONS
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6480
TALLAHASSEE FL 32314-6480

Exemption category for which you are applying (check only one):

☒ 501 (c)(3) Organization

☐ Community Cemetery

☐ Credit Union

☐ Fair Association

☐ Florida Fire and Emergency Services Foundation

☐ Florida Retired Educators Association

☐ Library Cooperative

☐ Nonprofit Cooperative Hospital Laundry

☐ Nonprofit Water System

☐ Organization Benefiting Minors

☐ Parent-Teacher Organization/ Association

☐ Political Subdivision

☐ Religious - physical place of worship

☐ Religious - governing/ administrative

☐ Religious - transportation provider

☐ School, College or University

☐ Veterans' Organization

☐ Volunteer Fire Department

Office Use Only

BP _____

CO _____

RS _____ N _____ R _____

PM Date _____

Date Rec'd _____

Organization Name

MATECUMBE HISTORICAL TRUST CORP.

Street Address

75141 OVERSEAS Hwy

Business Phone

(305) 664-9504

City/State/ZIP

ISLAMORADA, FL 33036

County, if located in Florida

MONROE

Federal Employer Identification Number (FEIN)

65-0530575

Is Organization Incorporated?

Yes ☒ No ☐

Date of Incorporation

10/3/94

Does organization hold IRS exempt status? Yes ☒ No ☐

Mailing Address (if different than above)

Alternate Phone

()

City/State/ZIP

County, if located in Florida

Does the organization receive income from the sale or lease of tangible personal property, the lease of real property or the sale of taxable services? Yes ☐ No ☒

If yes, provide the organization's sales and use tax certificate of registration number: _____

ALL DOCUMENTS SUBMITTED WILL BE RETAINED AS PART OF THIS APPLICATION.

CERTIFICATION

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the *Consumer's Certificate of Exemption* will only be used in the manner authorized for this organization under ss. 212.08(6), (7), or 213.12(2), Florida Statutes.

I declare that I have read the information provided on this application, including the attached documentation, and that the facts stated herein are true.

Signature

PRESIDENT

Title

IRVING R. EYSTER

Print name

4/5/08

Date

ATTACHMENT
40065788
N94000004945

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

JUN 23 1999

MATECUMBE HISTORICAL TRUST CORP
75141 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036

Employer Identification Number:

65-0530575

DLN:

17053086866039

Contact Person:

THOMAS S BOHNE

ID# 31373

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

May 1996

Addendum Applies:

No

65-0530575

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

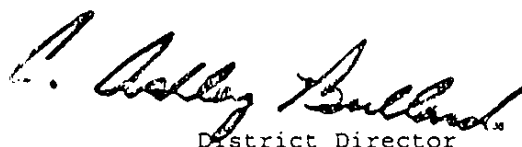
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


District Director