

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:18

DOCUMENT # N94000005297 (6)

1. Corporation Name

THE FLORIDA CENTER FOR CIVIL WAR STUDIES, INC.

Principal Place of Business

Mailing Address

641 MONMOUTH WAY
WINTER PARK FL 32792-4513

641 MONMOUTH WAY
WINTER PARK FL 32792-4513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/26/1994

4. FEI Number

59-3276388

Applied For

Not Applicable

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

29

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

FILING FEE IS
\$61.25

8. This corporation has liability for international tax under s. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLES, ED
641 MONMOUTH WAY
WINTER PARK FL 32792-4513

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 of officer or director of corporation or registered agent and title if applicable)

ED MALLES, EXEC. DIR.

6/6/95

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME EIDSON, GEORGE
STREET ADDRESS 255 S. ORANGE AVE., SUITE 1000
CITY - ST - ZIP ORLANDO FL 32801

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME GEHRIG, JOHN
STREET ADDRESS 2025 SUSSEX RD.
CITY - ST - ZIP WINTER PARK FL 32792

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME TART, TOM
STREET ADDRESS 1032 WALD RD.
CITY - ST - ZIP ORLANDO FL 32808

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME HOLLOWAY, RUFUS
STREET ADDRESS 99 W. COLUMBIA ST.
CITY - ST - ZIP ORLANDO FL 32808

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME TREMBLEY, RICK
STREET ADDRESS 6513 SUGARBUSH DR.
CITY - ST - ZIP ORLANDO FL 32819

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME MACLEOD, FRED
STREET ADDRESS 806 S. HUGHEY AVE.
CITY - ST - ZIP ORLANDO FL 32801

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE:

ED MALLES, EXEC. DIR.

6/6/95

407 679 4155

(Signature and typed or printed name of signing officer or director)

Date

Lifetime Filing #