

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000477 (8)**

1. Corporation Name

**THE FIRST AMERICANS AND EARLY SETTLERS FOUNDATION  
N, INC.**

Principal Place of Business

Mailing Address

**3171 BERNATH DRIVE  
BERNATH PLACE  
MILTON FL 32583**

**3171 BERNATH DRIVE  
BERNATH PLACE  
MILTON FL 32583**

3. Date Incorporated or Qualified

**01/26/1995**

4. FEI Number

**59-3299912**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, FRANCES H  
3171 BERNATH DRIVE  
BERNATH PLACE  
MILTON FL 32583**

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	PD	<input type="checkbox"/> DELETE
NAME	FRANCES H ELLIOTT BEASLEY	
STREET ADDRESS	3171 BERNATH DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARROW, LARRY R	
STREET ADDRESS	3336 MILLS BAYOUR DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEEKS, WARREN	
STREET ADDRESS	5709 MILLS POND LAND	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, KAY	
STREET ADDRESS	5741 JANET STREET	
CITY-ST-ZIP	MILTON FL 32570	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER, Director
3.3 STREET ADDRESS	JANICE C. NIX
3.4 CITY-ST-ZIP	6588 MANNING RD. MILTON, FL 32570
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY, Director
4.3 STREET ADDRESS	JAYCE E. RAGAN
4.4 CITY-ST-ZIP	3188 BERNATH DR. MILTON, FL 32583
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 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:

*Frances H. Elliott Beasley* 850-  
2-09-98 994-4688

CP2E037 (10/97)