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Jan 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000844 (9)

1. Corporation Name

ORTEGA PRESERVATION SOCIETY, INC.

Principal Place of Business

P.O. BOX 46  
ORTEGA STATION  
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 46  
ORTEGA STATION  
JACKSONVILLE FL 32210

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/16/1995

4. FEI Number

59-3307232

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

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

10. Name and Address of New Registered Agent

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

*Richard D. Hardin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HARDIN, RICHARD D  
STREET ADDRESS 2822 CHEROKEE AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☒ DELETE

NAME ROGERS, INGRAM  
STREET ADDRESS 4663 IROQUOIS AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE CH ☐ DELETE

NAME CHISHOLM, CAL  
STREET ADDRESS 4252 BALTIC CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DT ☐ DELETE

NAME HARDIN, CHERYL  
STREET ADDRESS 2822 CHEROKEE AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☒ DELETE

NAME INGRAM, LINDA  
STREET ADDRESS 4663 IROQUOIS AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☒ DELETE

NAME FRITZ, KREIMER  
STREET ADDRESS 2535 IROQUOIS, AVE.  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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:

*Richard D. Hardin* (RICHARD D. HARDIN)

1/5/98 (904) 382-9294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-172

CR2E037 (10/97)