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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000844

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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 ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

HARDIN, RICHARD D
2822 CHEROKEE AVE.
JACKSONVILLE FL 32210

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

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 ☐ DELETE

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

TITLE ☐ DELETE

NAME **DS**
HOLIFIELD, LEE
 STREET ADDRESS **4157 TIMUGUANA RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**
HUGHES, LANE
 STREET ADDRESS **2832 CHEROKEE AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ DELETE

NAME **D**
ESTES, STEVEN
 STREET ADDRESS **4740 APACHE AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

PO Box 74 Ortega Station

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

PO Box 74 Ortega Station

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, with all other like empowered.

SIGNATURE: Richard D. Hardin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (904) 389-9294

Date

Daytime Phone #

CR2E037 (11/98)