

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002330 (7)
1. Corporation Name

VERNON MCDANIEL HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

1260 NORTH 'F' STREET
PENSACOLA FL 32501

1260 NORTH 'F' STREET
PENSACOLA FL 32501-2431

FILED

97 DEC 22 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified 05/12/1995 3a. Date of Last Report 05/01/1996

4. FEI Number APPLIED FOR 593320713 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, FLORA B
1722 E HATTON ST
PENSACOLA FL 32503-4838

81 Name MICHAEL A. SMITH
82 Street Address (P.O. Box Number is Not Acceptable) 1260 N. 'F' ST.
83
84 City PENSACOLA, FL 85 Zip Code 32501

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 *Michael A. Smith* 12/16/97
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 D ☐ DELETE
NAME SMITH, MICHAEL A.
STREET ADDRESS 1260 NORTH 'F' STREET
CITY-ST-ZIP PENSACOLA FL 32501

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4000002384054-5
1.4 CITY-ST-ZIP -12/29/97-01016-004
****238.25 ****238.25 ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME BLOND, ERNEST
STREET ADDRESS 1016 N. ALCANIZ ST.
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ DELETE
NAME SMITH, LEOLA G.
STREET ADDRESS 1260 NORTH 'F' STREET
CITY-ST-ZIP PENSACOLA FL 32501

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

CR2E037 (9/96)