

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002395 (0)

1. Corporation Name

**THE SOUTHWEST VOLUSIA CULTURAL ARTS AND HISTORIC
AL SOCIETY INC.**



Principal Place of Business

Mailing Address

**503 SOUTH DELAWARE AVENUE
DELAND FL 32720**

**503 SOUTH DELAWARE AVENUE
DELAND FL 32720**

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

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

24

25

Country

29

30

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAHAM, RONALD J
824 SOUTH STONE STREET
DELAND FL 32720**

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

Ronald Graham *Ronald Graham*

4/20/96

Signature, typed or printed name of registered agent and title (if any)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP REEVES, EARL L**
STREET ADDRESS **7 CANTER CLUB CT.**
CITY-ST-ZIP **DEBARY FL**

TITLE ☐ DELETE

NAME **DST HARRIS, ERNEST**
STREET ADDRESS **1380 S. CLARA**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **D GRAHAM, RONALD**
STREET ADDRESS **824 S. STONE ST.**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **DV JOHNSON, CURTIS**
STREET ADDRESS **804 OAKMONT CIR.**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **D CUMMINGS, ROSEMARY**
STREET ADDRESS **713 S. ADELLE ST.**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: **ERNEST R. HARRIS** *Ernest R. Harris* **4/20/96** **904 423-3384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)