

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 04 1997 8:00am
Secretary of State

DOCUMENT # N96000002376 (9)

1. Corporation Name

AMERICAN BEACH HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

1448 IAN DRIVE
AMELIA CITY FL 32034

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AMELIA CITY FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/03/1996

3a. Date of Last Report

4. FEI Number
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1448 IAN DRIVE

Suite, Apt. #, etc.

22

City & State

23 AMELIA CITY, FL 32034

Zip

Country

24 32034

25 NASSAU

9. Name and Address of Current Registered Agent

GREGORY, RODNEY G
3900 ATLANTIC BLVD
JACKSONVILLE FL 32207

2a. Mailing Address

26 1448 IAN DRIVE

Suite, Apt. #, etc.

27

City & State

28 AMELIA CITY, FL 32034

Zip

Country

29 32034

30 NASSAU

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 PD JONES, QUENTIN
STREET ADDRESS 684 JULIA ST
CITY-ST-ZIP AMERICAN BEACH FL 32034

TITLE ☐ DELETE

NAME VD MORGAN, FRANK II
STREET ADDRESS 1448 IAN DRIVE
CITY-ST-ZIP AMELIA CITY FL 32034

TITLE ☐ DELETE

NAME SD BETSCH, MAVYNEE
STREET ADDRESS 6466 GREGG ST
CITY-ST-ZIP AMERICAN BEACH FL 32034

TITLE ☐ DELETE

NAME T PELNUM, ROSELA
STREET ADDRESS ROUTE 6 BOX 262
CITY-ST-ZIP AMERICAN BEACH FL 32034

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
NO CHANGE (SAME)

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
NO CHANGE (SAME)

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
NO CHANGE (SAME)

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
NO CHANGE (SAME)

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 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 REQUIRED

CR2E037 (4/97)