

**FILE NOW: FILING FEE IS \$61.25**

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AND  
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97 DEC 17 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004521  
1. Corporation Name  
Fort Meade Historical Society  
African American Community of Free Dom, Inc.

Principal Place of Business Mailing Address  
13401 - A AIA South  
St. Augustine, FL 32084

2. Principal Place of Business 2a. Mailing Address  
21 13401 AIA South 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 A 27  
City & State City & State  
23 St. Augustine 28 Florida  
Zip Country Zip Country  
24 32084 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
8-29-96

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
Michael L. Bryant  
13401 - A AIA South  
St. Augustine FL 32084

10. Name and Address of New Registered Agent  
81 Name N/A  
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: N/A  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael L. Bryant	1.2 NAME	Susan Parker
STREET ADDRESS	844 White Eagle Circle	1.3 STREET ADDRESS	1671 Astoria Drive
CITY-ST-ZIP	St. Augustine FL 32086	1.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Otis Mason	2.2 NAME	Betty Riggan
STREET ADDRESS	13 Christopher Street	2.3 STREET ADDRESS	805 South Mantanzas St.
CITY-ST-ZIP	St. Augustine FL 32095	2.4 CITY-ST-ZIP	St. Augustine FL 32084
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	Sandy Craig	3.2 NAME	
STREET ADDRESS	P.O. Box 860 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32086	3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	Thomas Jackson	4.2 NAME	
STREET ADDRESS	971 Chipmunk St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Aug. FL 32086	4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	Merri Hampton	5.2 NAME	
STREET ADDRESS	P.O. Box 840 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084	5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	David Nolan	6.2 NAME	
STREET ADDRESS	30 Park Terrace	6.3 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine FL 32084	6.4 CITY-ST-ZIP	

12/17  
No Fee, DEP

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: [Signature] DATE: 12/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (9/96)