

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

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98 JUN 22 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004521 (8)**  
1. Corporation Name  
**FORT MOSE HISTORICAL SOCIETY: AFRICAN AMERICAN COMMUNITY OF FREEDOM, INC.**

Principal Place of Business <b>13401 A1A SOUTH A ST AUGUSTINE FL 32084</b>	Mailing Address <b>13401 A1A SOUTH A ST AUGUSTINE FL 32084</b>
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3. Date Incorporated or Qualified <b>08/29/1996</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>31- APPLIED FOR 1516528</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**BRYANT, MICHAEL  
13401-A A1A SOUTH  
ST AUGUSTINE FL 32084**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYANT, MICHAEL L</b>	
STREET ADDRESS	<b>844 WHITE EAGLE CIRCLE</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, OTIS</b>	
STREET ADDRESS	<b>13 CHRISTOPHER STREET</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, THOMAS</b>	
STREET ADDRESS	<b>971 CHIPPEWA ST</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NOLAN, DAVID</b>	
STREET ADDRESS	<b>30 PARK TERRACE</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PARKER, SUSAN</b>	
STREET ADDRESS	<b>1871 ASTORIA DRIVE</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RIGGAN, BETTY</b>	
STREET ADDRESS	<b>205 SOUTH MANTANZAS ST</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*Handwritten signature and date: JM 6/22*

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 register 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 an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **3/2/98**

CR2E037 (10/97)



Lawton Chiles  
Governor

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# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Virginia B. Wetherell  
Secretary

March 9, 1998

Mr. David Mann, Director  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that Fort Mose Historical Society: African American Community of Freedom, *Inc.*, is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP  
Director  
Division of Recreation and Parks

FPM/paw  
Attachments