

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 AUG 19 PM 3:22

**DOCUMENT # N96000004521**

1. Corporation Name  
**FORT MOSE HISTORICAL SOCIETY: AFRICAN AMERICAN COMMUNITY OF FREEDOM, INC.**

547154 - 90017 - 22

Principal Place of Business  
 13401-A A1A SOUTH  
 ST AUGUSTINE FL 32084

Mailing Address  
 13401-A A1A SOUTH  
 ST AUGUSTINE FL 32084



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/20/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		31-1516528	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BRYANT, MICHAEL 13401-A A1A SOUTH ST AUGUSTINE FL 32084				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Bryant Board Member 4/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, MICHAEL L	1.2 NAME	Mason, Otis
STREET ADDRESS	844 WHITE EAGLE CIRCLE	1.3 STREET ADDRESS	13 Christopher Street
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	1.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, OTIS	2.2 NAME	Jackson, Thomas
STREET ADDRESS	13 CHRISTOPHER STREET	2.3 STREET ADDRESS	971 Chippewa Street
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	2.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, THOMAS	3.2 NAME	Craig, Sandy
STREET ADDRESS	971 CHIPPEWA ST	3.3 STREET ADDRESS	1737 Santander Street
CITY-ST-ZIP	ST AUGUSTINE FL 32086	3.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, DAVID	4.2 NAME	Riggan, Betty
STREET ADDRESS	30 PARK TERRACE	4.3 STREET ADDRESS	205 South Matanzas Street
CITY-ST-ZIP	ST AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, SUSAN	5.2 NAME	Bryant, Michael
STREET ADDRESS	1871 ASTORIA DRIVE	5.3 STREET ADDRESS	844 White Eagle Circle
CITY-ST-ZIP	ST AUGUSTINE FL 32084	5.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGAN, BETTY	6.2 NAME	Nolan, David
STREET ADDRESS	205 SOUTH MANTANZAS ST	6.3 STREET ADDRESS	30 Park Terrace
CITY-ST-ZIP	ST AUGUSTINE FL 32084	6.4 CITY-ST-ZIP	St. Augustine, FL 32084

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 receiver or trustee empowered to execute this report; that the report is required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of the corporation, or on an attachment with an address, with all other information required by Chapter 617, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] 4/27/99 (904) 844-2928

CR2E037 (1/99)



Jeb Bush  
Governor

## Department of Environmental Protection

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

David B. Struhs  
Secretary

August 16, 1999

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