

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

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 # **N97000001855 (2)**  
1. Corporation Name

**THE VISITOR ASSOCIATION OF HIGH SPRINGS, INC.**



Principal Place of Business <b>225 NORTH MAIN STREET HIGH SPRINGS FL 32643</b>	Mailing Address <b>POST OFFICE BOX 1068 HIGH SPRINGS FL 32655</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified

**04/02/1997**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIERCE, KIRK I SR  
225 NORTH MAIN STREET  
HIGH SPRINGS FL 32643**

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 **D SAPP, CHARLES M**  
STREET ADDRESS **POST OFFICE BOX 1367**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE ☒ DELETE

NAME **D HUTCHENSON, KEN L**  
STREET ADDRESS **POST OFFICE BOX 732**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE ☐ DELETE

NAME **D AMSLER, KAREN**  
STREET ADDRESS **POST OFFICE BOX 2729**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE ☐ DELETE

NAME **D PIERCE, SANDRA E**  
STREET ADDRESS **POST OFFICE BOX 741**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE ☒ DELETE

NAME **D SAMMONS, SANDRA**  
STREET ADDRESS **POST OFFICE BOX 1842**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE ☐ DELETE

NAME **D PIERCE, KIRK I SR**  
STREET ADDRESS **POST OFFICE BOX 741**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **D CHARLES M SAPP**  
1.3 STREET ADDRESS **PO BOX 1367 N/A**  
1.4 CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D GRANT BAILEY**  
2.3 STREET ADDRESS **205 NW SANTA FE BLVD**  
2.4 CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **D KAREN AMSLER**  
3.3 STREET ADDRESS **PO BOX 2729 N/A**  
3.4 CITY-ST-ZIP **HIGH SPRINGS, FL 32655**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **D SANDRA E PIERCE**  
4.3 STREET ADDRESS **PO BOX 741 N/A**  
4.4 CITY-ST-ZIP **HIGH SPRINGS FL 32655**

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME **D DIANE MCKINZEY**  
5.3 STREET ADDRESS **55 NW FIRST AVE.**  
5.4 CITY-ST-ZIP **HIGH SPRINGS FL 32643**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **D KIRK I PIERCE**  
6.3 STREET ADDRESS **PO BOX 741 N/A**  
6.4 CITY-ST-ZIP **HIGH SPRINGS FL 32655**

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 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: *Kirk I Pierce*

1/23/98 904 4542555

CR2E037 (10/97)