


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Oct 16 1998 8:00am<sup>B</sup>  
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 # N97000002874 (2)

1. Corporation Name

OCEAN REEF HISTORICAL SOCIETY, INC.

Principal Place of Business

29 CARDINAL LANE  
N KEY LARGO FL 33037

Mailing Address

29 CARDINAL LANE  
N KEY LARGO FL 33037

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$6.75 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

2. Principal Place of Business

21 07 Sunrise Cay Dr

Suite, Apt. #, etc.

22 City & State

23 North Key Largo, FL

Zip

24 33037

Country

25 USA

2a. Mailing Address

26 07 Sunrise Cay Dr

Suite, Apt. #, etc.

27 City & State

28 North Key Largo, FL

Zip

29 33037

Country

30 USA

9. Name and Address of Current Registered Agent

DAVIDSON, T N  
29 CARDINAL LANE  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

Davidson, T.N.

82 Street Address (P.O. Box Number is Not Acceptable)

07 Sunrise Cay Drive

83

84 City

North Key Largo

FL

85 Zip Code

33037

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]*  
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	C/D	<input type="checkbox"/> DELETE
NAME	Tom N. Davidson	
STREET ADDRESS	07 Sunrise Cay Drive	
CITY-ST-ZIP	North Key Largo, FL 33037	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	James T. Winton	
STREET ADDRESS	115 Anchor Drive	
CITY-ST-ZIP	North Key Largo, FL 33037	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	George N. Aronoff	
STREET ADDRESS	03 Bay Ridge Road	
CITY-ST-ZIP	North Key Largo, FL 33037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Russell A. Post	
STREET ADDRESS	24 Dispatch Creek Court	
CITY-ST-ZIP	North Key Largo, FL 33037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Caroline ("Sis") Kelm	
STREET ADDRESS	15 West Snapper Point Drive	
CITY-ST-ZIP	North Key Largo, FL 33037	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	700002666397
2.3 STREET ADDRESS	-10/19/98--01016--022
2.4 CITY-ST-ZIP	***61.25
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	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/98

Date

Daytime Phone #

CR2E037 (5/98)