FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000002874

1. Corporation Name

OCEAN REEF HISTORICAL SOCIETY, INC.

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*  5  8  8  9  1  5  *
   508915 - 90223 - 27
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Principal Place of Business	Mailing Address
07 SUNRISE CAY DRIVE NORTH KEY LARGO FL 33037 US	07 SUNRISE CAY DRIVE NORTH KEY LARGO FL 33037 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 · 31 Ocean Reef Drive	26 100 Anchor Drive	05/20/1997
Suite, Apt. #, etc. 22 Suite A-300	Suite, Apt. #, etc. 27 #505	4. FEI Number NOT APPLICABLE 65-0900807 — Applied For / Not Applicable
City & State 23 Key Largo, Florida	City & State 28 Key Largo, Florida	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip 24 33037 Country 25 USA	Zip 29 33037 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
DAVIDSON, T.N. 07 SUNRISE CAY DRIVE NORTH KEY LARGO FL 33037	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **CD** ☐ DELETE NAME **DAVIDSON, TOM N** STREET ADDRESS **07 SUNRISE CAY DRIVE** CITY-ST-ZIP **NORTH KEY LARGO FL 33037**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **PD** ☐ DELETE NAME **WINTON, JAMES T** STREET ADDRESS **115 ANCHOR DRIVE** CITY-ST-ZIP **NORTH KEY LARGO FL 33037**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** ☐ DELETE NAME **ARONOFF, GEORGE N** STREET ADDRESS **03 BAY RIDGE ROAD** CITY-ST-ZIP **NORTH KEY LARGO FL 33037**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **POST, RUSSELL A** STREET ADDRESS **24 DISPATCH CREEK COURT** CITY-ST-ZIP **NORTH KEY LARGO FL 33037**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **KELM, CAROLINE (SIS)** STREET ADDRESS **15 WEST SNAPPER POINT DRIVE** CITY-ST-ZIP **NORTH KEY LARGO FL 33037**		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE **D** 6.2 NAME **HACKELTON, WILLIAM B.** 6.3 STREET ADDRESS **285 South Harbor Drive** 6.4 CITY-ST-ZIP **North Key Largo, FL 33037**	☐ Change ☒ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_ James W. Winton 4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #