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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N97000006476**

1. Corporation Name

**THE DAYTONA BEACH ARCHAEOLOGICAL, ANTHROPOLOGICAL, AND HISTORICAL SOCIETY, INC.**

Principal Place of Business

**405 WILSON AVE.  
DAYTONA BEACH FL 32114**

Mailing Address

**P.O. BOX 10651  
DAYTONA BEACH FL 32120**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**11/17/1997**

4. FEI Number

**59-3481203**

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

9. Name and Address of Current Registered Agent

**DELANNOY, CAROLINE  
ARLEQUINN ANTIQUES  
122 S. BEACH STREET  
DAYTONA BEACH FL**

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

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 **DP** ☐ DELETE

NAME **BUTTS, SAMUEL SR.**

STREET ADDRESS **405 WILSON AVE.**

CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **DS** ☐ DELETE

NAME **BUTTS, DEBORAH**

STREET ADDRESS **1053 PETER ROAD**

CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **DT** ☐ DELETE

NAME **MORRIS, DORCAS**

STREET ADDRESS **631 N. STREET**

CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition

1.2 NAME **George Washington Butts**

1.3 STREET ADDRESS **614 EASY STREET**

1.4 CITY-ST-ZIP **Daytona Beach, FL 32117**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE BROUGHT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)