

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000005996**

1. Entity Name  
**THE DURKEEVILLE HISTORICAL SOCIETY, INC.**



Principal Place of Business  
1293 W 19TH ST  
JACKSONVILLE, FL 32209

Mailing Address  
1293 W 19TH ST  
JACKSONVILLE, FL 32209



01312008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3531482**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SAPP, DOLORES J  
10648 WAKE FOREST AVE.  
JACKSONVILLE, FL 32218

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dolores Sapp, Treasurer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-12-08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WILLIAMS, CAROLYN L DR  
STREET ADDRESS 1576 W. 13TH ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE S  
NAME GREEN, WILLIE  
STREET ADDRESS 1905 DURKEE DR  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE VP  
NAME SINGLETON, WARNER  
STREET ADDRESS 3620 GRANT OWEN RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VP  
NAME WASHINGTON, LLOYD  
STREET ADDRESS 2344 SHERRINGTON ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000826851  
02/21/08-80062-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dolores Sapp, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/08 (904) 757-5189*  
Date Daytime Phone #