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 # N98000006756 \

THE HISTORIC VILLAGE OF DUNNELLON, INC.

Principal Place of Business 20799 WALNUT STRET

2. Principal Place of Business

DUNNELLON FL 34431

21

Mailing Address

20799 WALNUT STRET **DUNNELLON FL 34431**

2a. Mailing Address

FILED Sep 16, 1999 8:00 am Secretary of State

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3. Date incorporated or Qualifed

11/30/1998

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 354	527		plied For
22 27		27			57-027	<u> </u>		t Applicable
	City & State City & State				5. Certifcate of Status Desired		\$8.75	
23		28					Fee Re	·
Zip			Country		6. Election Campaign Financing	, _□	\$5.00	,
24	25 29 30)]		Trust Fund Contribution		Added I	to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
POST, WILLIAM A ESQUIRE				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
20702 W. PENNSYLVANIA AVENUE								
DUNNELLON FL 34431			83					
DOMINELEON LE OTTO			84	4 City 85 Zip Code			Code	
				Oity	FL °°			
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 board or private comment of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	signisture required v	ADDITIONS/CHANGES TO C		D DIRECTO	PRS IN 12
		□ DELETE	1.1 TITLE				Change	Addition
TITLE	D		1.2 NAME				_ •	_
NAME	WIEDS, WARDI							1
STREET ADDRESS			1.3 STREET					
CITY-ST-ZIP	DUNNELLON FL 34431	Decemen	1.4 CITY-ST-ZIP				Change	Addition
TITLE	Į D	☐ DELETE	2.1 TITLE				□ Ottariĝe	
NAME	Martin, Robert		2.2 NAME					ľ
STREET ADDRESS	20799 WALNUT STRET		2.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	DOMINECTORY I E OTTO		2.4 CITY-S	T-ZIP				T A Levi
TITLE	D	DELETE 3.1 TI				•	Change	☐ Addition
NAME	WILKINS, ROBIN 3		3.2 NAME					ì
STREET ADDRESS	20799 WALNUT STRET		3.3 STREET	ADORESS				ļ
Ç!TY-ST-ZIP	DUNNELLON FL 34431		3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		. <u></u>	<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		- · · · - · ·		Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS	•			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME :			6.2 NAME	1				}
STREET ADDRESS			6.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	* 1 (M)		6.4 CITY-ST	-ZiP				
14. I hereby o	certify that the information supplied with	this filing does not qualify for the			ction 119.07(3)(i). Florida Statutes	. I further cer	tify that the i	nformation

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.