2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002871

Entity Name: YULEE HISTORIC COUNCIL, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 85301 RADIO STREET YULEE, FL 32097 **Current Mailing Address: New Mailing Address:** 85301 RADIO STREET YULEE, FL 32097 FEI Number: 59-3568863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBS, ARTHUR I 961687 GATEWAY BLVD STE 201 I FERNANDINA BEACH, FL 32034 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TUCKER, MARY LOU Name: Name: 85301 RADIO STREET Address: Address: City-St-Zip: YULEE, FL 32097 City-St-Zip: Title: () Delete Title: () Change () Addition WHITAKER, MELBA Name: Name: Address: 96094 GLENWOOD ROAD Address: City-St-Zip: YULEE, FL 32097 City-St-Zip: Title: VD. () Delete Title: () Change () Addition PANKE, FRED Name: Name: Address: 254 DUVAL DR Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: TD () Delete Title: () Change () Addition MCKENDREE, JOYCE Name: Name: HWY 17 SOUTH, P.O. BOX 639 Address: Address: City-St-Zip: YULEE, FL 32097 City-St-Zip: Title: () Delete Title: () Change () Addition CLARK, BETH Name: Name: 85746 BOSTICK WOOD DR Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: () Change () Addition PIPER, LAWRENCE Name: Name: Address: 86408 PEEPLES RD Address: YULEE, FL 32097 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU TUCKER PD 04/30/2005