

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707389

Entity Name: GENERAL DUNCAN LAMONT CLINCH HISTORICAL SOCIETY
OF AMELIA ISLAND, INC.**FILED**
Jan 25, 2014
Secretary of State
CC9419833811**Current Principal Place of Business:**1907 RIDGEWOOD DRIVE
FERNANDINA BEACH, FL 32034**Current Mailing Address:**P. O. BOX 15235
FERNANDINA BEACH, FL 32035-3104 US**FEI Number: 59-2160317****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEPHENS, CALVIN
5011 GATE PARKWAY
BUILDING 100, SUITE 300
JACKSONVILLE, FL 32256 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**Officer/Director Detail :**

Title	P/D
Name	JOHNSON, KAY
Address	P. O. BOX 568
City-State-Zip:	FERNANDINA BEACH FL 32035

Title	VP/D
Name	OLIVER, TOMMY
Address	4734 OLIVER LANE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	T/D
Name	STEPHENS, CALVIN
Address	1907 RIDGEWOOD DR
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	S/D
Name	PETERSON, TEEN
Address	2053 OAK MARSH DRIVE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	D
Name	KURTZ, RON
Address	1937 WINDSWEPT OAK
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	D
Name	SWANSON, FLORA
Address	1940 OAK DRIVE
City-State-Zip:	FERNANDINA BEACH FL 32034

I hereby 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 all other like empowered.

SIGNATURE: CALVIN STEPHENS**TREASURER****01/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date