

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707389

Entity Name: GENERAL DUNCAN LAMONT CLINCH HISTORICAL SOCIETY
OF AMELIA ISLAND, INC.**FILED**
Jan 19, 2023
Secretary of State
6607777934CC**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
1907 RIDGEWOOD DRIVE
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**Officer/Director Detail :**Title VICE-PRESIDENT, DIRECTOR
Name OLIVER, TOMMY
Address 4734 OLIVER LANE
City-State-Zip: FERNANDINA BEACH FL 32034Title TREASURER, DIRECTOR
Name STEPHENS, CALVIN
Address 1907 RIDGEWOOD DR
City-State-Zip: FERNANDINA BEACH FL 32034Title PRESIDENT, DIRECTOR
Name STEGER, SUSAN
Address 205 LIGHTHOUSE CIRCLE
City-State-Zip: FERNANDINA BEACH FL 32034Title DIRECTOR
Name MANN, JEAN DIXON
Address 2048 OAK MARSH DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034Title SECRETARY, DIRECTOR
Name OLIVER, ANITA
Address 4374 OLIVER LANE
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 KING STEPHENS**TREASURER****01/19/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date