

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21028

Entity Name: DADE BATTLEFIELD SOCIETY, INC.**Current Principal Place of Business:**DADE BATTLEFIELD HISTORIC STATE PARK
7200 CR 603
BUSHNELL, FL 33513**Current Mailing Address:**DADE BATTLEFIELD HISTORIC STATE PARK
7200 CR 603
BUSHNELL, FL 33513 US**FEI Number:** 59-2820082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RINCK, STEVEN F
7200 CR 603
BUSHNELL, FL 33513 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 DV
Name VELTEN, JAMES
Address 6898 CR 631
City-State-Zip: BUSHNELL FL 33513Title D
Name REMIS, PAUL
Address 284 N.E. 1ST STREET
City-State-Zip: WEBSTER FL 33597Title TD
Name WHITING, ANNA
Address 1448 CR 650
City-State-Zip: BUSHNELL FL 33513Title D
Name MATTEI, NINA
Address 22955 SW 119 PLACE
City-State-Zip: DUNNELLON FL 34431Title SD
Name MCNARY, JEAN
Address 36905 CHURCH AVE
City-State-Zip: DADE CITY FL 33525Title PD
Name RINCK, STEVEN F
Address 37421 HICKORY HILL LANE
City-State-Zip: DADE CITY FL 33525

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: JAMES VELTEN**VICE DIRECTOR****01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date