

**2024 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 BATTLEFIELD PKWY  
BUSHNELL, FL 33513**Current Mailing Address:**DADE BATTLEFIELD HISTORIC STATE PARK  
7200 BATTLEFIELD PKWY  
BUSHNELL, FL 33513 US**FEI Number:** 59-2820082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMOREAUX, AMBER L  
7200 BATTLEFIELD PKWY  
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:** AMBER LAMOREAUX

01/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	PRESIDENT
Name	ANDERSON, RICHARD	Name	LAMOREAUX, AMBER
Address	DADE BATTLEFIELD HISTORIC STATE PARK 7200 BATTLEFIELD PKWY	Address	DADE BATTLEFIELD HISTORIC STATE PARK 7200 BATTLEFIELD PKWY
City-State-Zip:	BUSHNELL FL 33513	City-State-Zip:	BUSHNELL FL 33513
Title	TREASURER	Title	SECRETARY
Name	SALMAN, KAREN	Name	LAMOREAUX, ROSS
Address	DADE BATTLEFIELD HISTORIC STATE PARK 7200 BATTLEFIELD PKWY	Address	DADE BATTLEFIELD HISTORIC STATE PARK 7200 BATTLEFIELD PKWY
City-State-Zip:	BUSHNELL FL 33513	City-State-Zip:	BUSHNELL FL 33513

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:** AMBER LAMOREAUX

PRESIDENT

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date