

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # **702233** (8)

1. Corporation Name
THE HENRY MORRISON FLAGLER MUSEUM

Principal Place of Business: **ONE WHITEHALL WAY P.O. BOX 969 PALM BEACH FL 33480**
Mailing Address: **ONE WHITEHALL WAY P.O. BOX 969 PALM BEACH FL 33480**



21 Principal Place of Business: 2a Mailing Address
22 Suite, Apt. #, etc.: 26 Suite, Apt. #, etc.:
23 City & State: 27 City & State:
24 Zip: 28 Zip: Country: 29 Country: 30

3. Date Incorporated or Qualified: **04/05/1961** 3a. Date of Last Report: **03/23/1995**
4. FEI Number: **13-0873838** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MATTHEWS, GEORGE G.
1925 N FLAGLER DR
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

12. Signature of the person (or persons) who is (are) the registered agent (or agents) of the corporation.

13. Signature of the person (or persons) who is (are) the registered agent (or agents) of the corporation.

14. Signature of the person (or persons) who is (are) the registered agent (or agents) of the corporation.

12. OFFICERS AND DIRECTORS
11. TITLE: PD
NAME: **MATTHEWS, GEORGE G.** DELETE
STREET ADDRESS: **1925 NORTH FLAGLER DR.**
CITY-STATE-ZIP: **PALM BEACH FL**
TITLE: **VD** DELETE
NAME: **HANKE, G. F. ROBERT**
STREET ADDRESS: **875 5TH AVENUE**
CITY-STATE-ZIP: **NEW YORK NY**
TITLE: **T** DELETE
NAME: **MATTHEWS, WILLIAM M.**
STREET ADDRESS: **380 N. LAKE WAY**
CITY-STATE-ZIP: **PALM BCH. FL**
TITLE: **D** DELETE
NAME: **KNOTT, JAMES R.**
STREET ADDRESS: **3800 WASHINGTON ROAD**
CITY-STATE-ZIP: **W. PALM BEACH FL**
TITLE: **D** DELETE
NAME: **ROGERS, JOHN B.**
STREET ADDRESS: **1 MARITIME PLAZA STE 255**
CITY-STATE-ZIP: **SAN FRANCISCO CA**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS DELETIONS TO OFFICERS AND DIRECTORS
11. TITLE: Change Addition
12. NAME:
13. STREET ADDRESS:
14. CITY-STATE-ZIP:
21. TITLE: Change Addition
22. NAME:
23. STREET ADDRESS:
24. CITY-STATE-ZIP:
31. TITLE: Change Addition
32. NAME:
33. STREET ADDRESS:
34. CITY-STATE-ZIP:
41. TITLE: Change Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-STATE-ZIP:
51. TITLE: Change Addition
52. NAME:
53. STREET ADDRESS:
54. CITY-STATE-ZIP:
61. TITLE: Change Addition
62. NAME:
63. STREET ADDRESS:
64. CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William M. Matthews Treasurer

CR2E037 (12/95)