
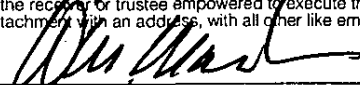


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90180 031 ****61.25

| | | | | | |
|---|------------------------|---------------------------------|--|--|--|
| DOCUMENT # 702233 | | | |  | |
| 1. Entity 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01102005 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 13-0873838 | |
| | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| MATTHEWS, GEORGE G. 1925 N FLAGLER DR WEST PALM BEACH, FL 33407 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| Make check payable to: Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEWS, GEORGE G. | | | NAME | |
| STREET ADDRESS | 1925 NORTH FLAGLER DR. | | | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH, FL | | | CITY-ST-ZIP | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANKE, G. F. ROBERT | | | NAME | |
| STREET ADDRESS | 875 5TH AVENUE | | | STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY | | | CITY-ST-ZIP | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEWS, WILLIAM M. | | | NAME | |
| STREET ADDRESS | 380 N. LAKE WAY | | | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH., FL | | | CITY-ST-ZIP | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWMAN, JESSE | | | NAME | |
| STREET ADDRESS | 251 S COUNTRY RD | | | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH, FL 33480 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, JOHN B. | | | NAME | |
| STREET ADDRESS | MAIN RD | | | STREET ADDRESS | |
| CITY-ST-ZIP | ILSLESBORO, ME 04848 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | | NAME | Thomas S. Kenan III |
| STREET ADDRESS | | | | STREET ADDRESS | 100 Europa Drive, Ste 525 |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | Chapel Hill, NC 27517 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | William M Matthews (561) 659-3711 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

50022270

