


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # 702233**

1. Entity Name  
**THE HENRY MORRISON FLAGLER MUSEUM**



Principal Place of Business <b>ONE WHITEHALL WAY P.O. BOX 969 PALM BEACH, FL 33480</b>	Mailing Address <b>ONE WHITEHALL WAY P.O. BOX 969 PALM BEACH, FL 33480</b>
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**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>13-0873838</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEWS, GEORGE G. 1925 NORTH FLAGLER DR. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANKE, G. F. ROBERT 875 5TH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, WILLIAM M. 380 N. LAKE WAY PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JESSE 251 S COUNTRY RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOHN B. MAIN RD ILSLESBORO, ME 04848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENAN, THOMAS S III 100 EUROPA DRIVE STE 525 CHAPEL HILL, NC 27517

U00000770250  
07/24/07-80007-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **George G. Matthews** (561) 659-3711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_