


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90029 026 ****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 - No P.O. Box # One Whitehall Way Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Palm Beach, FL		City & State	
Zip 33480	Country	Zip	Country
6. Name and Address of Current Registered Agent 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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEWS, GEORGE G. 1925 NORTH FLAGLER DR. PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander W. Dreyfoos 529 S. Flagler Dr., #GPH3 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANKE, G. F. ROBERT 875 5TH AVENUE NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelly M. Hopkins 1930 Queens Road West Charlotte, NC 28207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, WILLIAM M. 380 N. LAKE WAY PALM BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JESSE 251 S COUNTRY RD PALM BEACH, FL 33480 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOHN B. MAIN RD ILSLESBORO, ME 04848 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOHN B. MAIN RD ILSLESBORO, ME 04848 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENAN, THOMAS S III 100 EUROPA DRIVE STE 525 CHAPEL HILL, NC 27517 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENAN, THOMAS S III 100 EUROPA DRIVE STE 525 CHAPEL HILL, NC 27517 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>George G. Matthews</i>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40013102



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number **13-0873838** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required