

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90090 046 ****61.25

DOCUMENT # 702233

1. Entity Name
THE HENRY MORRISON FLAGLER MUSEUM



Principal Place of Business Mailing Address

ONE WHITEHALL WAY **ONE WHITEHALL WAY**
P.O. BOX 969 **P.O. BOX 969**
PALM BEACH FL 33480 **PALM BEACH FL 33480**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-0673838** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATTHEWS, GEORGE G.	
STREET ADDRESS	1925 NORTH FLAGLER DR.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANKE, G. F. ROBERT	
STREET ADDRESS	875 5TH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTHEWS, WILLIAM M.	
STREET ADDRESS	380 N. LAKE WAY	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	NEWMAN, JESSE	
STREET ADDRESS	251 S COUNTRY RD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, JOHN B.	
STREET ADDRESS	MAIN RD	
CITY-ST-ZIP	ILSLESBORO ME 04848	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KENAN, OWEN	
STREET ADDRESS	1011 PINEHURST DR	
CITY-ST-ZIP	CHAPEL HILL NC 27514	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *George G. Matthews* **1/6/03** **(561) 655-2833**

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

CR2E037 (10/02)