FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741275** **(2)**

1. Corporation Name

SAFETY HARBOR MUSEUM OF REGIONAL HISTORY, INC.

Principal Place of Business	Mailing Address
329 S BAYSHORE BLVD SAFETY HARBOR FL 34695-4053	329 S BAYSHORE BLVD SAFETY HARBOR FL 34695-4053

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1977**
3a. Date of Last Report: **02/14/1994**
4. FEI Number: **59-1782315** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BARTZ MARILYN
1609 HAMPTON AVE
SAFETY HARBOR FL 34695

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	TD	☑ Change ☐ Addition
NAME	WOOD, CAROL	12 NAME	MAXON, SUSAN H.	
STREET ADDRESS	5 VILLA CT	13 STREET ADDRESS	2712 Deagle Pathway	
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	BARTZ, MARILYN	22 NAME		
STREET ADDRESS	1609 HAMPTON AVE	23 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	VD	☑ Change ☐ Addition
NAME	WATERS, GUY	32 NAME	SHUGART, TOBY	
STREET ADDRESS	5637 CASINO DR	33 STREET ADDRESS	104 Woodcreek Dr.	
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	SD	41 TITLE	SD	☑ Change ☐ Addition
NAME	HOUGLAND, MARGE	42 NAME	MARN, JACQUELINE, [illegible]	
STREET ADDRESS	1104 KENSINGTON CT	43 STREET ADDRESS	2758 Sand Hollow Court	
CITY-ST-ZIP	SAFETY HARBOR FL	44 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(i), 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: Marilyn Bartz Marilyn Bartz Feb. 27, 1995 813-726-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number
President, Bd. of Trustees (Treasurer)

0044120