FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 12/30/1977
3a. Date of Last Report: 03/03/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: SHUGART TOBY
82 Street Address (P.O. Box Number Is Not Acceptable): 104 Woodcreek Dr.
83:
84 City: SAFETY HARBOR **FL** 85 Zip Code: 34695

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Toby Shugart 3/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAXON, SUSAN H. 2712 BEAGLE PATHWAY PALM HARBOR FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD MOTZENBECKER, LINDA P.O. BOX 422 SAFETY HARBOR FL 34695	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARTZ, MARILYN 1609 HAMPTON AVE SAFETY HARBOR FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD SHUGART, TOBY 104 WOODCREEK DR. SAFETY HARBOR FL 34695	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHUGART, TOBY 104 WOODCREEK DR. SAFETY HARBOR FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~VD~~ MAXON, SUSAN 2712 BEAGLE PATHWAY PALM HARBOR FL 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARN, JACQUELINE 2758 SAND HOLLOW COURT CLEARWATER FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD DUMANOWSKI, VIOLET 1099 MCMULLEN BOOTH RD. #516 ~~CLEARWATER, FL 34619~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR DAVID, AMY F. 1590 COACHMAKER'S LANE CLEARWATER FL 34625	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500001740965 -03/13/96--01027--022 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Amy F. David AMY F. DAVID 2/22/96 (813) 726-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #