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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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: 03/12/1996

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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

TOBY, SHUGART
104 WOODCREEK DR.
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name: Maxon, Susan
82 Street Address (P.O. Box Number is Not Acceptable): 2712 Beagle Pathway
83
84 City: Palm Harbor **FL** 85 Zip Code: 34683

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: Susan K. Maxon, President — 1/30/97
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	TD	☒ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	MOTZENBECKER, LINDA		1.2 NAME	Dumanowski, Violet	
STREET ADDRESS	P.O. BOX 422		1.3 STREET ADDRESS	1099 McMullen Booth Rd. #516	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SHUGART, TOBY		2.2 NAME	Maxon, Susan	
STREET ADDRESS	104 WOODCREEK DR.		2.3 STREET ADDRESS	2712 Beagle Pathway	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		2.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	MAXON, SUSAN		3.2 NAME	Motzenbecker, Linda	
STREET ADDRESS	2712 BEAGLE PATHWAY		3.3 STREET ADDRESS	1233 McMullen Booth Road	
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	DUMANOWSKI, VIOLET		4.2 NAME	Quibell, Betty	
STREET ADDRESS	1099 MCMULLEN BOOTH RD. #516		4.3 STREET ADDRESS	P.O. Box 10 "N/A"	
CITY-ST-ZIP	CLEARWATER FL 34619		4.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVID, AMY F		5.2 NAME		
STREET ADDRESS	1590 COACHMAKER'S LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34625		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 RECEIVED Amy F. David 1/30/97 (813)726-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069277