FILE NOW: FILING FEE IS $61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90097 040 ****61.25

0072620

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741275**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/30/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1782315 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAXON, SUSAN
2712 BEAGLE PATHWAY
PALM HARBOR FL 34683

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 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 _____ 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	☒ DELETE	1.1 TITLE	T/TR	☐ Change ☐ Addition
NAME	DUMANOWSKI, VIOLET		1.2 NAME	Marilyn K. Bartz	
STREET ADDRESS	1099 MCMULLEN BOOTH RD #516		1.3 STREET ADDRESS	4357 Water Oak Way	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	PD	☐ DELETE	2.1 TITLE	P/TR	☒ Change ☒ Addition
NAME	MAXON, SUSAN		2.2 NAME		
STREET ADDRESS	2712 BEAGLE PATHWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL.		2.4 CITY-ST-ZIP	34683	
TITLE	VD	☐ DELETE	3.1 TITLE	V/TR	☒ Change ☐ Addition
NAME	SEABURY, PENNY		3.2 NAME		
STREET ADDRESS	1118 REED ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	S/TR	☐ Change ☒ Addition
NAME	QUIBELL, BETTY		4.2 NAME	Barbara Nelson	
STREET ADDRESS	PO BOX 10 "N/A"		4.3 STREET ADDRESS	1075 Bayshore Dr. N.	
CITY-ST-ZIP	SAFETY HARBOR FL		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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Amy F. David SIGNATURE REQUIRED Amy F. David 4-22-99 (727)726-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #