FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 746729 1. Corporation Name

THE CHILDREN'S MUSEUM, INC.

Principal Place of Busine
496 CRAWFORD BLVD.
DOCA DATON EL 20400

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

498 CRAWFORD BLVD. **BOCA RATON FL 33432**

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED May 10, 1999 8:00 am § Secretary of State

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Applied For

Not Applicable

3. Date Incorporated or Qualifed

04/12/1979

59-6652019

4. FEI Number

City & State	e	City & State				5.	5. Certificate of Status Desired				\$8./5 Additional		
3		28	8								Fee	Requ	ired
Zip	Country Zip			Country		6.	6. Election Campaign Financin		incing			00 м	•
4	25 29 30				Trust Fund Contribution Added to Fees								Fees
	9. Name and Address of Current	Registered Agen	t			10.	Name and	Address of	New Re	gistered /	Agent		
	•			81	Name								
OSBORNE	, R. BRADY, JR.			82	Street A	Address (P.	O. Box Nu	nber is Not A	Acceptab	e)			
	NE, HANKINS, MACLAREN & RED	GRAVE											
	DERAL HIGHWAY			83									
	TON FL 33432			84	City						85	Zip Co	de
DOOK IN	1011 1 E 00 10E			"	Only					FL		•	
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such cha	ange was autho	orizea dy	tne corpo	corporation oration's boa	submits th ard of direc	s statement tors. I hereb	for the pr y accept	rpose of the appoir	changing ntment a	g its re s regis	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Reg	istered Ager	nt signature re	equired when re				DATE			
12.	OFFICERS AND			13.	_	A	DDITIONS	CHANGES	TO OFFI	CERS AN			
TITLE	PD		DELETE	1.1 TITLE		PD	_	_			Char	nge	Addition Addition
NAME	HARTMAN, BILL			1.2 NAME		Neur	nan;	lom					
STREET ADDRESS	5644 PRISCILLA LN			1.3 STREET	TADDRESS	7601	N	Tom Feden aton	al H	שניע	11	_	
CITY-ST-ZIP	LAKE WORTH FL		/ I	1.4 CITY-S	T-ZIP	130.5	a'R	aton	FL	<u>93</u>	<u>48 </u>	7	
TITLE	VD	ď	DELETE	2.1 TITLE	-			•	•		Chat	nge	Additio Additio
NAME	NEWMAN, TOM			2.2 NAME									
STREET ADDRESS	7601 N FEDERAL HWY			2.3 STREET	TADDRESS								
CITY-ST-ZIP	BOCA RATON FL			2. 4 CITY-S	ST-ZIP								
TITLE	SD	Ō	DELETE	3.1 TTLE							Chai	nge	Additio Additio
NAME	ROSS, SISTER ELIZABE			3.2 NAME									
STREET ADDRESS	125 HIDDEN VALLEY RD 11			3.3 STREE	TADORESS								
CITY-ST-ZIP	BOCA RATON FL			3.4. CITY-S	ST-ZIP								
TITLE	TD		DELETE	4.1 TITLE							Cha	nge	Additio
NAME [ANDERSON, BLAIR			4.2 NAME	\$								
STREET ADDRESS	413 BUTTONWOOD PL			_	TADDRESS								
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-S									
TITLE	ED		DELETE	5.1 TITLE	·				_		☐ Cha	nge	Addition
NAME	MERCIER, POPPI	_		5.2 NAME									
	· · · · = · • · · · · · · · · · · · · ·		1	5.3 STREE	T ADDRESS								
STREET ADDRESS	30 SW 5TH AVENUE			5.4 CITY-S	T-ZIP								
CITY-ST-ZIP	BOCA RATON FL	П	DELETE	6.1 TITLE							☐ Cha.	nge	Additio
TITLE				6.2 NAME							_	-	-
NAME					T ADDRESS								
STREET ADDRESS				6.4 CITY-S		•							

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