

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750600 (9)**  
1. Corporation Name  
**FRIENDS OF THE BASS MUSEUM, INC.**



Principal Place of Business <b>2121 PARK AVENUE MIAMI BEACH FL 33139</b>	Mailing Address <b>2121 PARK AVENUE MIAMI BEACH FL 33139-1729</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/14/1980</b>	3a. Date of Last Report <b>01/31/1996</b>
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number <b>59-2017511</b>	Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CAMBER, DIANE  
2121 PARK AVENUE  
MIAMI BEACH, FL  
33139**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAISER, JOYCE	
STREET ADDRESS	605 OCEAN DR #9M	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOUGHTON, PETER	
STREET ADDRESS	23 STAR ISLAND	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, JAMES C.	
STREET ADDRESS	700 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRISON, LYDIA	
STREET ADDRESS	109 4TH TERR	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	CAMBER, DIANE	
STREET ADDRESS	2121 PARK AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CO-PRESIDENT (D)
2.3 STREET ADDRESS	HOUGHTON, PETER
2.4 CITY-ST-ZIP	23 STAR ISLAND MIAMI BEACH FL 33139
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Treasurer (D)
3.3 STREET ADDRESS	MCGEE, WILLIAM II
3.4 CITY-ST-ZIP	700 BRICKELL AVE 3rd Floor MIAMI FL 33131
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CO-PRESIDENT (D)
4.3 STREET ADDRESS	HARRISON, LYDIA
4.4 CITY-ST-ZIP	109 4th Terr - Rivo Alto Isle MIAMI BEACH FL 33139
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE-PRESIDENT (D)
5.3 STREET ADDRESS	HECHT, FLORENCE
5.4 CITY-ST-ZIP	THREE GROVE ISLE #1401 COCONUT GROVE FL 33133
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary
6.3 STREET ADDRESS	BELL RICHARD, SUSAN
6.4 CITY-ST-ZIP	2324 Bay Ave Sunset Island #3 MIAMI BEACH FL 33140

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: \_\_\_\_\_

3/10/97

CP2E037 (9/96)