

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761924** (0)
1. Corporation Name
THE DEETTE HOLDEN CUMMER MUSEUM FOUNDATION, INC.



Principal Place of Business 829 RIVERSIDE AVENUE JACKSONVILLE FL 32204	Mailing Address 829 RIVERSIDE AVENUE JACKSONVILLE FL 32204
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3. Date Incorporated or Qualified
02/11/1982

4. FEI Number 59-2191587	Applied For ☐ Yes ☒ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARBITMAN, KAHREN J
829 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

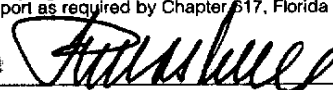
DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HASKELL, PRESTON H 4971 MORVEN RD JACKSONVILLE FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD UBLE, JOHN D. 4785 ORTEGA BLVD. JACKSONVILLE FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VICKERS, SAMUEL H 7036 SAN FERNANDO PL JACKSONVILLE FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARBITMAN, KAHREN J 505 LANCASTER STREET #10A JACKSONVILLE FL 32204 ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRYAN, J F IV 5249 YACHT CLUB ROAD JACKSONVILLE FL 32210 ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VICKERS, SAMUEL H 7036 SAN FERNANDO PLACE JACKSONVILLE FL 32217 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	C/Tr Haskell, Preston H. 4971 Morven Rd. Jacksonville, FL 32210 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	V/Tr Vickers, Samuel H. 7036 Sanfernando Pl. Jacksonville, FL 32217 ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	S/Tr Stein, Joan W. 121 W. Forsyth St Suite 200 Jacksonville, FL 32202 ☒ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	T/Tr Davis, Robert D. P.O. Box 661 N/A Ponte Vedra Beach, FL 32004 ☒ Change ☐ Addition

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.

SIGNATURE:



904-791-4521

CP2E037 (10/97)