FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90034 011 ****61.25

0004402

DOCUMENT # **761924**

1. Corporation Name
THE DEETTE HOLDEN CUMMER MUSEUM FOUNDATION, INC.

Principal Place of Business	Mailing Address
829 RIVERSIDE AVENUE JACKSONVILLE FL 32204	829 RIVERSIDE AVENUE JACKSONVILLE FL 32204

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)

3. Date Incorporated or Qualifed: 02/11/1982

4. FEI Number: 59-2191587 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ARBITMAN, KAHREN J
829 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

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	CT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HASKELL, PRESTON H		1.2 NAME		
STREET ADDRESS	4971 MORVEN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	UIBLE, JOHN D.		2.2 NAME		
STREET ADDRESS	4765 ORTEGA BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VICKERS, SAMUEL H		3.2 NAME		
STREET ADDRESS	7036 SAN FERNANDO PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARBITMAN, KAHREN J		4. 2 NAME		
STREET ADDRESS	505 LANCASTER STREET #10A		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, JOAN W		5.2 NAME		
STREET ADDRESS	121 W FORSYTH ST STE 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	DAVIS, ROBERT D		6.2 NAME	Mr. Allen Lastinger	
STREET ADDRESS	P O BOX 661		6.3 STREET ADDRESS	1145 Campbell Ave.	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32004		6.4 CITY-ST-ZIP	Jacksonville, Fl. 32207	

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: Kahren Arbitman SIGNATURE REQUIRED 5.25.99 (904) 356-6857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #