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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33181** **(1)**

1. Corporation Name

APALACHICOLA MARITIME MUSEUM, INC.

Principal Place of Business
268 Water Street
~~% KRISTIN ANDERSON, 32 AVENUE D~~
P.O. BOX 625
APALACHICOLA FL 32320-7625

Mailing Address
~~% KRISTIN ANDERSON, 32 AVENUE D~~
P.O. BOX 625
APALACHICOLA FL 32329-0625

3. Date Incorporated or Qualified: 07/11/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 268 Water Street
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 268 Water Street
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2957145 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, KRISTIN
~~32 AVENUE D~~
APALACHICOLA FL 33320

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 341 Smith Road
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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~STD~~	☐ DELETE	1.1 TITLE	S	☒ Change ☐ Addition
NAME	ANDERSON, KRISTIN		1.2 NAME		
STREET ADDRESS	~~32 AVENUE D~~		1.3 STREET ADDRESS	341 Smith Road	
CITY-ST-ZIP	APALACHICOLA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOUN, MICHAEL J.		2.2 NAME		
STREET ADDRESS	67 AVENUE B		2.3 STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	BUTLER, CLIFF		3.2 NAME		
STREET ADDRESS	73 AVENUE E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	P/D	☐ Change ☒ Addition
NAME			4.2 NAME	Latha M. Frank	
STREET ADDRESS			4.3 STREET ADDRESS	1081 E Gorrie Dr SGI	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE		☐ DELETE	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME			5.2 NAME	Harper, Bob	
STREET ADDRESS			5.3 STREET ADDRESS	204 Seahorse Lane SGI	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE		☐ DELETE	6.1 TITLE	S/D	☐ Change ☒ Addition
NAME			6.2 NAME	Guyon, Bob	
STREET ADDRESS			6.3 STREET ADDRESS	1213 E Gulf Beach Drive, SGI	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Eastpoint, FL 32328	

CR2E037 (9/96)

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.

904/653-2126