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Mar 04 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 # N50213 (0)  
1. Corporation Name  
SOUTH FLORIDA MUSEUM AND BISHOP PLANETARIUM, INC



Principal Place of Business: 201 10TH STREET WEST BRADENTON FL 34205  
Mailing Address: P.O. BOX 699 BRADENTON FL 34206-0699

3. Date Incorporated or Qualified: 06/23/1992  
3a. Date of Last Report: 06/04/1996  
4. FEI Number: 59-0598726  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 BRADENTON, FL. 24 Zip: 25 34205 26 2. Principal Place of Business: 27 Suite, Apt. #, etc. 28 City & State: 29 BRADENTON, FL. 30 Zip: 31 34205

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 1301 SIXTH AVE. W.  
83 SUITE 600  
84 City: BRADENTON FL 85 Zip Code: 34205

9. Name and Address of Current Registered Agent  
KING, JEFFREY L.  
1001 9TH AVENUE, W  
BRADENTON FL 34205

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1.1 TITLE: PD  
1.2 NAME: BLALOCK, DAN S. JR.  
1.3 STREET ADDRESS: 1111 8TH AVENUE WEST  
1.4 CITY-ST-ZIP: BRADENTON FL  
1.5  DELETE  
2.1 TITLE: VD  
2.2 NAME: DYE, DEWEY A. JR.  
2.3 STREET ADDRESS: 1303 51ST STREET WEST  
2.4 CITY-ST-ZIP: BRADENTON FL  
2.5  DELETE  
3.1 TITLE: SD  
3.2 NAME: KOEHN, WILLIAM  
3.3 STREET ADDRESS: 8023 SHORE ACRES DRIVE  
3.4 CITY-ST-ZIP: BRADENTON FL  
3.5  DELETE  
4.1 TITLE: VD  
4.2 NAME: PARKER, MARY  
4.3 STREET ADDRESS: 4000 RIVERVIEW BLVD. W.  
4.4 CITY-ST-ZIP: BRADENTON FL  
4.5  DELETE  
5.1 TITLE: TD  
5.2 NAME: KING, JEFFREY L.  
5.3 STREET ADDRESS: 1001-9TH AVENUE STREET  
5.4 CITY-ST-ZIP: BRADENTON FL  
5.5  DELETE  
6.1 TITLE: D  
6.2 NAME: WENTZEL, DR. W. E.  
6.3 STREET ADDRESS: 2301 RIVERVIEW BLVD.  
6.4 CITY-ST-ZIP: BRADENTON FL  
6.5  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME:  Change  Addition  
1.3 STREET ADDRESS:  Change  Addition  
1.4 CITY-ST-ZIP:  Change  Addition  
2.1 TITLE:  Change  Addition  
2.2 NAME:  Change  Addition  
2.3 STREET ADDRESS:  Change  Addition  
2.4 CITY-ST-ZIP:  Change  Addition  
3.1 TITLE:  Change  Addition  
3.2 NAME:  Change  Addition  
3.3 STREET ADDRESS:  Change  Addition  
3.4 CITY-ST-ZIP:  Change  Addition  
4.1 TITLE:  Change  Addition  
4.2 NAME:  Change  Addition  
4.3 STREET ADDRESS:  Change  Addition  
4.4 CITY-ST-ZIP:  Change  Addition  
5.1 TITLE:  Change  Addition  
5.2 NAME:  Change  Addition  
5.3 STREET ADDRESS:  Change  Addition  
5.4 CITY-ST-ZIP:  Change  Addition  
6.1 TITLE:  Change  Addition  
6.2 NAME: CARTER, MIKE  
6.3 STREET ADDRESS: 1227 9th Ave. W.  
6.4 CITY-ST-ZIP: BRADENTON, FL 34205

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ DATE: JEFFREY L. KING 2/20/97 941-746-4040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DAYTIME PHONE # 0081841

CR2E037 (9/96)