

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
---	---

3. Date Incorporated or Qualified 06/23/1992
4. FEI Number 59-0598726
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 1301 Sixth Ave. West
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 600
City & State 23	City & State 28 Bradenton, Florida
Zip 24	Country 25
29 34205	30 Manatee

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KING, JEFFREY L.
 1301 SIXTH AVE W.
 SUITE 600
 BRADENTON FL 34205**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BLALOCK, DAN S. JR. 1111 8TH AVENUE WEST BRADENTON FL	<input type="checkbox"/> DELETE	
NAME		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE VD	DYE, DEWEY A. JR. 1303 51ST STREET WEST BRADENTON FL	<input type="checkbox"/> DELETE	
NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE SD	KOEHN, WILLIAM 6023 SHORE ACRES DRIVE BRADENTON FL	<input checked="" type="checkbox"/> DELETE	
NAME		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	Lisch, Eloise
CITY-ST-ZIP		3.3 STREET ADDRESS	215 - 25th Street West
		3.4 CITY-ST-ZIP	Bradenton, FL
TITLE VD	PARKER, MARY 4000 RIVERVIEW BLVD. W. BRADENTON FL	<input checked="" type="checkbox"/> DELETE	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE TD	KING, JEFFREY L. 1001 9TH AVENUE STREET BRADENTON FL	<input type="checkbox"/> DELETE	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	CARTER, MIKE 1227 9TH AVE W. BRADENTON FL	<input type="checkbox"/> DELETE	
NAME		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: *[Signature]* (941) 746-4040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)