

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001784 (6)

1. Corporation Name

FPL HISTORICAL MUSEUM, INC.



Principal Place of Business

700 UNIVERSE BLVD
JUNO BEACH FL 33408

Mailing Address

700 UNIVERSE BLVD
JUNO BEACH FL 33408

3. Date Incorporated or Qualified
04/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0595015

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ATTN: D.P. Coyle

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEON, J. E.
9250 W FLAGLER ST
MIAMI FL 33174

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME WOODY, C. O.
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BEACH FL 33408

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME OLIVERA, ARMANDO J
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BEACH FL 33408

2.1 TITLE D/T/S ☒ Change ☐ Addition

2.2 NAME OLIVERA, ARMANDO J.
2.3 STREET ADDRESS 9250 W. FLAGLER ST.
2.4 CITY-ST-ZIP MIAMI FL 33102

TITLE D ☒ DELETE

NAME PETILLO, J. THOMAS
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BEACH FL 33408

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME HAMILTON, WILLIAM W.
3.3 STREET ADDRESS 9250 W. FLAGLER ST.
3.4 CITY-ST-ZIP MIAMI FL 33102

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME MILNE, JACK G.
4.3 STREET ADDRESS 700 UNIVERSE BLVD.
4.4 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. O. Woody

02/29/96

Date

(407) 694-3838

Daytime Phone #

CR2E037 (12/95)