## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 702233** 

Entity Name: THE HENRY MORRISON FLAGLER MUSEUM

**Current Principal Place of Business:** 

52 COCOANUT ROW PALM BEACH, FL 33480

Apr 23, 2013 Secretary of State CC6946987874

**FILED** 

## **Current Mailing Address:**

**52 COCOANUT ROW** 

PALM BEACH, FL 33480 US

FEI Number: 13-0873838 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MATTHEWS, GEORGE G 1925 NORTH FLAGLER DR WEST PALM BEACH, FL 33407 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE G. MATTHEWS 04/23/2013

Electronic Signature of Registered Agent

Date

## Officer/Director Detail :

| Title | PRESIDENT, TRUSTEE | Title | VP, TRUSTEE |
|-------|--------------------|-------|-------------|
|       |                    |       |             |

Name MATTHEWS, GEORGE G Name HANKE, G.F. ROBERT 1925 NORTH FLAGLER DR Address Address 875 5TH AVENUE

NEW YORK NY 10021 WEST PALM BEACH FL 33407 City-State-Zip: City-State-Zip:

Title SECRETARY, TRUSTEE Title TREASURER, TRUSTEE Name KENAN, THOMAS S III MATTHEWS, WILLIAM M Name Address 100 EUROPA DRIVE Address 1925 NORTH FLAGLER DR CHAPEL HILL NC 27517 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33407

Title CFO Title **TRUSTEE** 

Name BLADES, JOHN M Name ROGERS, JOHN B Address ONE WHITEHALL WAY Address PO BOX 2799 City-State-Zip: PALM BEACH FL 33480 PALM BEACH FL 33480 City-State-Zip:

Title TRUSTEE Title TRUSTEE

Name DREYFOOS, ALEXANDER HOPKINS, KELLY M Name Address 529 S.FLAGLER DRIVE, #GPH3 1930 QUEENS ROAD WEST Address

City-State-Zip: WEST PALM BEACH FL 33401 CHARLOTTE NC 28207 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. BLADES 04/23/2013 EXECUTIVE DIRECTOR