


2-11-97 B-1720 C  
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717676** (1)  
1. Corporation Name  
**THE HERITAGE MUSEUM ASSOCIATION, INC.**

Principal Place of Business <b>115 WESTVIEW AVE. VALPARAISO FL 32580</b>	Mailing Address <b>PO BOX 488 VALPARAISO FL 32580-0488 US</b>
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3. Date Incorporated or Qualified <b>12/05/1969</b>	3a. Date of Last Report <b>02/20/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-1637065</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LAROCHE, MRS JAMES N  
428 MARION DRIVE  
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, KENNETH</b>	1.2 NAME	<b>D BAILEY, KENNETH</b>
STREET ADDRESS	<b>112 PARKWOOD DRIVE</b>	1.3 STREET ADDRESS	<b>32 SOUTHWIND CT</b>
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	1.4 CITY-ST-ZIP	<b>NICEVILLE, FL 32578</b>
TITLE	<b>T/S</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANDES, LORRAINE</b>	2.2 NAME	<b>P ELLEN GORDON</b>
STREET ADDRESS	<b>313 STANDISH DR</b>	2.3 STREET ADDRESS	<b>38 SE WAYNELL CIR</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32549</b>	2.4 CITY-ST-ZIP	<b>FT WALTON BEACH FL 32548</b>
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCNEESE, KAY</b>	3.2 NAME	<b>D BEWLAY MANLEY</b>
STREET ADDRESS	<b>2408 MARTIN DR.</b>	3.3 STREET ADDRESS	<b>726 SPRING LAKE DR</b>
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	3.4 CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D ROBERT G. FLEET</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>RT 1 BOX 3800</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>SANTA ROSA BCH, FL 32459</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

**LORRAINE T. LANDES**

CR2E037 (9/96)