

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

115 WESTVIEW AVE.
VALPARAISO FL 32580

PO BOX 488
VALPARAISO FL 32580
US

3. Date Incorporated or Qualified

12/05/1969

4. FEI Number

59-1637065

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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

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 retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, KENNETH	
STREET ADDRESS	32 SOUTHWIND CT	
CITY-ST-ZIP	NICEVILLE FL	

TITLE	TS	<input type="checkbox"/> DELETE
NAME	LANDES, LORRAINE	
STREET ADDRESS	313 STANDISH DR	
CITY-ST-ZIP	FT. WALTON BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, ELLEN	
STREET ADDRESS	38 SE WAYNELL CR	
CITY-ST-ZIP	FT WALTON BCH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANLEY, BEWLAY	
STREET ADDRESS	726 SPRING LAKE DR	
CITY-ST-ZIP	DESTIN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEET, ROBERT G	
STREET ADDRESS	RT 1 BOX 3800	
CITY-ST-ZIP	SANTA ROSA BCH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P
3.3 STREET ADDRESS	GAYLE MELICH
3.4 CITY-ST-ZIP	1224 MEIGS DR NICEVILLE FL 32578

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	HENDERSON ADAMS
4.4 CITY-ST-ZIP	1008 NE BEACHVIEW DR FT WALTON BEACH FL 32547

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	FREIDA SPENCE
5.4 CITY-ST-ZIP	810 SPENCE CIRCLE NICEVILLE FL 32578

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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: Christian A. LaRoche - Registered Agent 7-8-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone # 850-678-2605

CR2E037 (5/98)