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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 722545 (1)

1. Corporation Name

FLORIDA HISTORY CENTER & MUSEUM, INC.

Principal Place of Business

805 N. U.S. HWY. ONE  
JUPITER FL 33477-3213

Mailing Address

805 N. U.S. HWY. ONE  
JUPITER FL 33477-3213  
US



3. Date Incorporated or Qualified 01/26/1972  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

4. FEI Number

23-7448343

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. 189.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ETHERINGTON, KATHLEEN  
17553 SE CONCH BAR AVENUE  
TEQUESTA FL 33469

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

TITLE C  
NAME RAYNOR, JEFFREY, S  
STREET ADDRESS 1155 US HIGHWAY ONE, SUITE 304  
CITY-ST-ZIP JUNO BEACH FL

☒ DELETE

TITLE VP  
NAME ETHERINGTON, KATHLEEN  
STREET ADDRESS 17553 SE CONCH BAR AVE  
CITY-ST-ZIP TEQUESTA FL

☐ DELETE

TITLE PD  
NAME HOLMES, H. ALLEN  
STREET ADDRESS 1001 N. U.S. HWY. 1  
CITY-ST-ZIP JUPITER FL

☐ DELETE

TITLE T  
NAME COLE, TOM  
STREET ADDRESS 140 INTERCOASTAL POINT DR SUITE 403  
CITY-ST-ZIP JUPITER FL

☒ DELETE

TITLE S  
NAME KOLLMER, MARIANNE  
STREET ADDRESS 460 SUNRISE WAY  
CITY-ST-ZIP JUNO BEACH FL

☐ DELETE

TITLE ED  
NAME MCGOWAN, ALICEN J.  
STREET ADDRESS 805 N US HIGHWAY ONE  
CITY-ST-ZIP JUPITER FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

ROBERT MCINTYRE  
19164 WATERWAY ROAD  
TEQUESTA, FL 33469

☐ Change ☒ Addition

2.1 TITLE P/D  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE D  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE T/D  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

BILL DOUGHERTY  
124 EASTERLY ROAD  
NORTH PALM BEACH, FL 33408

☐ Change ☒ Addition

5.1 TITLE S/D  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: *Marianne Kollmer* (MARIANNE KOLLMER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97 (561) 744-3700

Date

Daytime Phone # 0044592

CR2E037 (9/96)