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Feb 03 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 # **722545** (1)

1. Corporation Name

FLORIDA HISTORY CENTER & MUSEUM, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/26/1972

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

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

ETHERINGTON, KATHLEEN
17553 SE CONCH BAR AVENUE
TEQUESTA FL 33469

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 reinstating)

DATE

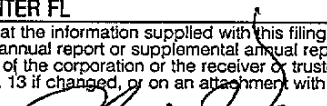
12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCINTYRE, ROBERT	
STREET ADDRESS	19164 WATERWAY RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ETHERINGTON, KATHLEEN	
STREET ADDRESS	17553 SE CONCH BAR AVE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, H. ALLEN	
STREET ADDRESS	1001 N. U.S. HWY. 1	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOUGHERTY, BILL	
STREET ADDRESS	124 EASTERLY ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOLLMER, MARIANNE	
STREET ADDRESS	460 SUNRISE WAY	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MCGOWAN, ALICEN J.	
STREET ADDRESS	805 N US HIGHWAY ONE	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Paul Compare / VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	250 Venus St Suite 2	
1.3 STREET ADDRESS	Jupiter, FL	
1.4 CITY-ST-ZIP	33458	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:  REQUIRED

CR2E037 (10/97)