

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722545

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90115 028 ****61.25

110595-90115-28



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

ETHERINGTON, KATHLEEN
17553 SE CONCH BAR AVENUE
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name
Marianne Kollmer

82 Street Address (P.O. Box Number is Not Acceptable)
460 Sunrise Way

83

84 City
Juno Beach

FL

85 Zip Code
33408

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 VP
NAME COMPARE, PAUL
STREET ADDRESS 220 VENUS ST, SUITE 7
CITY-ST-ZIP JUPITER FL 33458 ☐ DELETE

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

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

TITLE TD
NAME DOUGHERTY, BILL
STREET ADDRESS 124 EASTERLY ROAD
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

TITLE SD
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD
2.2 NAME Marianne Kollmer
2.3 STREET ADDRESS 460 Sunrise Way
2.4 CITY-ST-ZIP Juno Beach, FL 33408 ☒ Change ☐ Addition

3.1 TITLE T
3.2 NAME Roger Phelps
3.3 STREET ADDRESS 4161 S. U.S. Highway One
3.4 CITY-ST-ZIP Jupiter, FL 33477 ☐ Change ☒ Addition

4.1 TITLE S
4.2 NAME Joseph Kulunas
4.3 STREET ADDRESS 5420 N. Ocean Drive
4.4 CITY-ST-ZIP Singer Island, FL 33404 ☐ Change ☒ Addition

5.1 TITLE
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)