

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90131 045 ****61.25

DOCUMENT # 729734

1. Corporation Name

PALM BEACH MARITIME MUSEUM, INC.

Principal Place of Business

P O DRAWER 2317
PALM BEACH FL 33480

Mailing Address

P O DRAWER 2317
PALM BEACH FL 33480



2. Principal Place of Business

21 4512 POINSETTIA AVE.

Suite, Apt. #, etc.

22 SUITE 305

City & State

23 W. PALM BEACH, FL

Zip

24 33407

Country

25 USA

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

05/20/1974

4. FEI Number

59-1540474

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

GRANT, (JOHN C.)
188 SEABREEZE AVE
PALM BEACH 33480

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 PD ☐ DELETE

NAME GRANT, (JOHN C.)
STREET ADDRESS 168 SEABREEZE AVE
CITY-ST-ZIP PALM BEACH FL

TITLE VT ☐ DELETE

NAME GRANT, (OLGA M.)
STREET ADDRESS 168 SEABREEZE AVE
CITY-ST-ZIP PALM BEACH FL

TITLE ~~DT~~ ☒ DELETE

NAME ~~GRANT, OLGA M.~~
STREET ADDRESS ~~168 SEABREEZE AVE~~
CITY-ST-ZIP ~~PALM BEACH FL~~

TITLE ~~DS~~ ☒ DELETE

NAME ~~REMSEN, JOHN L.~~
STREET ADDRESS ~~394 A GOLFVIEW RD~~
CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~

TITLE TR ☐ DELETE

NAME SANSBURY, JOHN C.
STREET ADDRESS 8660 THOUSAND PINES CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P/TR ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V/TR ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TR
HOYLE H. MILLER, JR.
19700 BEACH RD.
JUPITER, FL 33469

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 REQUIRED JOHN C. GRANT

4/21/99 561-842-8202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)