

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
G. W. Anderson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:18

DOCUMENT # 733115 (0)

HENRY B. PLANT MUSEUM SOCIETY, INC.

Principal Place of Business Mailing Address
401 W. KENNEDY BLVD. 401 W. KENNEDY BLVD.
TAMPA FL 33606 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1975 3a. Date of Last Report 02/25/1994
4. FEI Number 51-0189635 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
CULBREATH, BETTY
52 BAHAMA CIRCLE
TAMPA FL 33606

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, Title and printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	APTHORP, JO
STREET ADDRESS	1907 OAKMONT
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	DAILEY, PAT
STREET ADDRESS	4510 BEACH PARK DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	RUBIO, SARA JANE
STREET ADDRESS	2417 BAYSHORE BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	PITTMAN, DADA
STREET ADDRESS	401 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	BELL, JOY
STREET ADDRESS	811 POINSETTIA DR. SOUTH
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	SAXTON, CARROLL
STREET ADDRESS	5125 S NICHOL ST
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Dailey, PAT
1.3 STREET ADDRESS	4510 Beach Park Dr.
1.4 CITY-ST-ZIP	Tampa FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANN Scott Knight
2.3 STREET ADDRESS	1911 ARDSLEY PLACE
2.4 CITY-ST-ZIP	Tampa FL 33629
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Camille Thomas
3.3 STREET ADDRESS	2503 S. Hesperides
3.4 CITY-ST-ZIP	Tampa FL 33609
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carol Fields
4.3 STREET ADDRESS	1513 Sheridan Forest
4.4 CITY-ST-ZIP	Tampa FL 33629
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T CARROLL C SAXTON
5.3 STREET ADDRESS	5125 S. Nichol St
5.4 CITY-ST-ZIP	Tampa FL 33611
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D ALLEN McLean
6.3 STREET ADDRESS	4605 San Miguel
6.4 CITY-ST-ZIP	TAMPA FL 33629

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information declared 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: Carroll C. Saxton CARROLL C. SAXTON 2/10/95 813/8356024
(Signature, Title and printed name of signing officer or director) (Title) (Date)
 Treasurer