

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733115 (0)
1. Corporation Name
HENRY B. PLANT MUSEUM SOCIETY, INC.



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

3. Date Incorporated or Qualified: **06/19/1975**
3a. Date of Last Report: **02/28/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAILEY, PAT	
STREET ADDRESS	4510 BEACH PARK DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, ANN S.	
STREET ADDRESS	1911 ARDSHEY PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, CAMILLE	
STREET ADDRESS	2503 S. HSPERIDES	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIELDS, CAROLE	
STREET ADDRESS	1513 SHERIAN FOREST	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SAXTON, CARROLL C.	
STREET ADDRESS	5125 S. NICHOL ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLEAN, ELLEN	
STREET ADDRESS	4605 SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	West, Connie	
1.3 STREET ADDRESS	906 Forest Dr.	
1.4 CITY-ST-ZIP	Tampa, Fl. 33609	
2.1 TITLE	V-120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, Nocthile	
2.3 STREET ADDRESS	5015 The Riviera	
2.4 CITY-ST-ZIP	Tampa Fl. 33609	
3.1 TITLE	Sen. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McClure, Lela	
3.3 STREET ADDRESS	2405 Ferdinand Ave.	
3.4 CITY-ST-ZIP	Tampa, Fl. 33629	
4.1 TITLE	R. S. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gillen, Pat	
4.3 STREET ADDRESS	712 S. Newport Ave.	
4.4 CITY-ST-ZIP	Tampa, Fl. 33606	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Schell, Ann Cooper	
5.3 STREET ADDRESS	5305 Bayshore Blvd #11	
5.4 CITY-ST-ZIP	Tampa, Fl. 33611	
6.1 TITLE	D. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Craig, Nancy	
6.3 STREET ADDRESS	4908 Lyford Key Rd.	
6.4 CITY-ST-ZIP	Tampa, Fl. 33629	

14. I do 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)(k), 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: **Connie R. West** **Connie R. West** **3/11/96** **813/879-1272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **REP BOB BARR** **7/1/00**

CR2E037 (12/95)