

FILE NOW: FILING FEE IS \$61.25

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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra M. Moriam
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address
401 W. KENNEDY BLVD. 401 W. KENNEDY BLVD.
TAMPA, FL 33606-1450

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/19/1975 | 3a. Date of Last Report 04/05/1996 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 51-0189635 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CULBREATH, BETTY 52 BAHAMA CIRCLE TAMPA FL 33606 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P... WEST, CONNIE 901 FOREST DR. TAMPA FL 33609 | 1.1 TITLE | P... Pat Gillen 712 Newport Ave Tampa FL 33606 |
| NAME | SMITH, NOOTCHIE 5018 THE RIVIERA TAMPA FL 33609 | 1.2 NAME | V... Nootchie 5018 THE RIVIERA Tampa, FL 33609 |
| STREET ADDRESS | MCCLURE, LELA 2405 FERDINAND AVE. TAMPA FL 33629 | 1.3 STREET ADDRESS | C5 W. Williams, Patty 3103 San Isidro ST Tampa, FL 33629 |
| CITY-ST-ZIP | GILLEN, PAT 712 S. NEWPORT AVE. TAMPA FL 33606 | 1.4 CITY-ST-ZIP | RS Woods, Barbara 1004 Skokie Tampa, FL 33629 |
| TITLE | SCHELL, ANN C 5203 BAYSHORE BLVD#11 TAMPA FL 33611 | 2.1 TITLE | T... Schell, Ann C 5203 Bayshore Blvd #11 Tampa FL 33611 |
| NAME | O CRAIG, NANCY 4908 LYFORD CAY RD TAMPA FL 33629 | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

CR2E037 (9/96)