

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733115 (0)**

1. Corporation Name  
**HENRY B. PLANT MUSEUM SOCIETY, INC.**



Principal Place of Business <b>401 W. KENNEDY BLVD. TAMPA FL 33606</b>	Mailing Address <b>401 W. KENNEDY BLVD. TAMPA FL 33606</b>
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3. Date Incorporated or Qualified <b>06/19/1975</b>	
4. FEI Number <b>51-0189635</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CULBREATH, BETTY  
82 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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>Camille Thomas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD SMITH, NOOTCHIE 5018 THE RIVIERA TAMPA FL	1.2 NAME	<b>Nootchie Smith</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D MCCLURE, LELA 2405 FERDINAND AVE. TAMPA FL 33629	1.3 STREET ADDRESS	<b>Jenny Swindal</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PD GILLEN, PAT 712 S. NEWPORT AVE. TAMPA FL	1.4 CITY-ST-ZIP	<b>VerNA Lee Lupo</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD SCHELL, ANN C 5203 BAYSHORE BLVD#11 TAMPA FL	2.1 TITLE	
NAME	D 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 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.

SIGNATURE: \_\_\_\_\_ DATE: **4/21/98**

**813-296-1687**

CR2E037 (1097)