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Secretary of State

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0049/96

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 733115

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/19/1975

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

9. Name and Address of Current Registered Agent

CULBREATH, BETTY  
52 BAHAMA CIRCLE  
TAMPA FL 33606

Sylvia Vega Smith  
5018 THE RIVIERA  
TAMPA, FL 33609

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 617.1509, 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]*

March 10, 1999

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  
NAME THOMAS, C  
STREET ADDRESS 2303 S HESPERIDES  
CITY-ST-ZIP TAMPA FL 33629

TITLE DV  
NAME NOOTCHIE, S  
STREET ADDRESS 5018 THE RIVIERA  
CITY-ST-ZIP TAMPA FL 33609

TITLE S  
NAME SWINDAL, J  
STREET ADDRESS 2526 W PROSPECT RD  
CITY-ST-ZIP TAMPA FL 33629

TITLE PD  
NAME GILLEN, PAT  
STREET ADDRESS 712 S. NEWPORT AVE.  
CITY-ST-ZIP TAMPA FL

TITLE TD  
NAME LUPO, V L  
STREET ADDRESS 812 S IDLEWOOD RD  
CITY-ST-ZIP TAMPA FL 33609

TITLE D  
NAME CRAIG, NANCY  
STREET ADDRESS 4908 LYFORD CAY RD  
CITY-ST-ZIP TAMPA FL 33629

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sylvia V. Smith PRES.  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 5018 THE RIVIERA  
1.4 CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE V.P.  Change  Addition  
2.2 NAME ELLEN McKeon  
2.3 STREET ADDRESS 4605 San Miguel  
2.4 CITY-ST-ZIP TAMPA, FL 33629

3.1 TITLE See.  Change  Addition  
3.2 NAME Jenny SWINDAL  
3.3 STREET ADDRESS 2526 PROSPECT RD  
3.4 CITY-ST-ZIP TAMPA FL 33629

4.1 TITLE Treasurer.  Change  Addition  
4.2 NAME Verna Lee Lupo  
4.3 STREET ADDRESS 812 S. IDLEWOOD RD  
4.4 CITY-ST-ZIP TAMPA, FL 33609

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

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]*

March 10, 1999 813 286-8896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)