


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

04-25-2003 90273 041 ****61.25

DOCUMENT # 733115					
1. Entity Name HENRY B. PLANT MUSEUM SOCIETY, INC.					
Principal Place of Business 401 W. KENNEDY BLVD. TAMPA FL 33608		Mailing Address 401 W. KENNEDY BLVD. TAMPA FL 33608			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0189635	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORMAN, PENELOPE 5210 INTERBAY BLVD #7 TAMPA FL 33811			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN, PENELOPE		NAME	PRESTON, MARIE	
STREET ADDRESS	5210 INTERBAY BLVD #7		STREET ADDRESS	1818 RICHARDSON PLACE	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	1ST VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'MALLORY, MARGARET		NAME	MCCLURE, LELA	
STREET ADDRESS	5010 BAYSHORE BLVD #4		STREET ADDRESS	2405 S. FERDINAND AVENUE	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, RAPHAEL M		NAME	CLARKE, RAPHAEL	
STREET ADDRESS	8212 J BAYSHORE BLVD		STREET ADDRESS	6212 J BAYSHORE BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYALA, PATRICIA P		NAME	LANE, CAROLYN M	
STREET ADDRESS	4907 PILGRIME PATHWAY		STREET ADDRESS	4409 CULBREATH AVENUE	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON, MARIE		NAME	DAVIS, HILARY	
STREET ADDRESS	1818 RICHARDSON PLACE		STREET ADDRESS	1903 WYKAGYL	
CITY-ST-ZIP	TAMPA FL 33608		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CORRESPONDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, BECKY		NAME	JUDY, BONNIE	
STREET ADDRESS	46 BAHAMA CIRCLE		STREET ADDRESS	923 S. HIMES AVENUE	
CITY-ST-ZIP	TAMPA FL 33608		CITY-ST-ZIP	TAMPA, FL 33629	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carolyn M. Lane</i>		CAROLYN M. LANE		4-23-03 (813) 289-3169	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

33041937



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)