FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
9 MAY -1 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746729** **(3)**

1. Corporation Name
THE CHILDREN'S MUSEUM, INC.

Principal Place of Business	Mailing Address
498 CRAWFORD BLVD. BOCA RATON FL 33432	498 CRAWFORD BLVD. BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/12/1979**
3a. Date of Last Report: **08/12/1994**
4. FEI Number: **59-6652019** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSBORNE, R. BRADY, JR. % OSBORNE, HANKINS, MACLAREN & REDGRAVE 998 S. FEDERAL HIGHWAY BOCA RATON FL 33432	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	SMITH, LOLA J	12 NAME	Mortimer, Walter F.	
STREET ADDRESS	20678 NW 28TH AVE.	13 STREET ADDRESS	2910 IE 39th Court	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	Lighthouse Point, FL 33064	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MASTROTOTARO, MARGARET	22 NAME		
STREET ADDRESS	ONE FINANCIAL PLAZA, 14TH FLOOR	23 STREET ADDRESS		
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	HOWARD, JULITA	32 NAME		
STREET ADDRESS	7601 N. FEDERAL HWY.	33 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE	TD	☑ Change ☐ Addition
NAME	NEASE, MARIAN P	42 NAME	Malone, Richard	
STREET ADDRESS	899 E. JEFFERY ST.	43 STREET ADDRESS	333 SW 12 Avenue	
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	Deerfield Bch, FL 33441	
TITLE	ED	51 TITLE	ED	☑ Change ☐ Addition
NAME	MURPHY, HUGH M	52 NAME	Mercier, Poppi	
STREET ADDRESS	2582 RIVERLAND DR.	53 STREET ADDRESS	30 SW 5th Avenue	
CITY ST ZIP	FT. LAUDERDALE FL	54 CITY ST ZIP	Boca Raton, FL 33432	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: Poppi Mercier Poppi Mercier Executive Director 4-29-95 407-368-6875
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0011949