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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **746729**

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

530100 - 90086 - 18

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

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 04/12/1979
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-6652019 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

OSBORNE, R. BRADY, JR.
% OSBORNE, HANKINS, MACLAREN & REDGRAVE
998 S. FEDERAL HIGHWAY
BOCA RATON FL 33432

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 617.1508, 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	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HARTMAN, BILL		1.2 NAME	Neuman, Tom	
STREET ADDRESS	5644 PRISCILLA LN		1.3 STREET ADDRESS	7601 N Federal Hwy	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, TOM		2.2 NAME		
STREET ADDRESS	7601 N FEDERAL HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, SISTER ELIZABE		3.2 NAME		
STREET ADDRESS	125 HIDDEN VALLEY RD 11		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, BLAIR		4.2 NAME		
STREET ADDRESS	413 BUTTONWOOD PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MERCIER, POPPI		5.2 NAME		
STREET ADDRESS	30 SW 5TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Poppi Mercier **SIGNATURE REQUIRED** Poppi Mercier 4/30/99 561-368-6875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #