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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:59

DOCUMENT # 760358 (2)

1. Corporation Name
FORT WALTON BEACH ART MUSEUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4081 FT WALTON BEACH FL 32549	P.O. BOX 4081 FT WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2794061 ☐ 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

PETERSEN, NICKOLAS G
12 OLD FERRY RD.
SHALIMAR FL 32579

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 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
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	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	TAYLOR, JOHNNIE MS	1.2 NAME	IONA BESTOR
STREET ADDRESS	305 LINDA LANE	1.3 STREET ADDRESS	61 FERRY ROAD
CITY-ST-ZIP	FT WALTON BCH, FL 00000	1.4 CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	V	2.1 TITLE	VICE PRESIDENT ☑ Change ☐ Addition
NAME	ARNOLD, CHARLOTTE	2.2 NAME	ROBERT HARBIN
STREET ADDRESS	607 W. BIRKDALE DR.	2.3 STREET ADDRESS	P.O. BOX 5552 NA
CITY-ST-ZIP	VALPARAISO FL	2.4 CITY-ST-ZIP	FT WALTON BCH, FL 32549
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BESTOR, IONA	3.2 NAME	
STREET ADDRESS	61 FERRY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL 32548	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	BATES, DORIS A.	4.2 NAME	UTAH CROWSON
STREET ADDRESS	232 SHUMPERT STREET	4.3 STREET ADDRESS	231 PLEASANT ST. NW.
CITY-ST-ZIP	FORT WALTON BEACH FL	4.4 CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	D	5.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	DINGUS, DOYLE	5.2 NAME	ZOIE CAMPBELL
STREET ADDRESS	810 NE CAMBORNE AVENUE	5.3 STREET ADDRESS	221 OREWILLA DR
CITY-ST-ZIP	FORT WALTON BEACH FL	5.4 CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	D	6.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	MELVIN, JERRY	6.2 NAME	HANNAH MARTIN
STREET ADDRESS	840 SANTA ROSA BOULEVARD	6.3 STREET ADDRESS	411-A COBIA AVE
CITY-ST-ZIP	FORT WALTON BEACH FL	6.4 CITY-ST-ZIP	FT WALTON BCH 32548

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: X Dennis A. Bates 904-244-5429 2/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

00768923