

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760358 (2)
1. Corporation Name
FORT WALTON BEACH ART MUSEUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4081
FT WALTON BEACH FL 32549

Mailing Address

P.O. BOX 4081
FT WALTON BEACH FL 32549



3. Date Incorporated or Qualified
10/09/1981

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Utah C. Crowson

82 Street Address (P.O. Box Number is Not Acceptable)

2845 Jack Nicholas Way

83

Shalimar, Fl 32579-2228

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 Utah C. Crowson, President

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 P
NAME BESTOR, IONA
STREET ADDRESS 61 FERRY ROAD
CITY-ST-ZIP FT WALTON BCH, FL 00000

DELETE

TITLE VP
NAME HARBIN, ROBERT
STREET ADDRESS PO BOX 5552 N/A
CITY-ST-ZIP FT WALTON BEACH FL

DELETE

TITLE R P
NAME CROWSON, UTAH
STREET ADDRESS 221 PLEASANT ST NW
CITY-ST-ZIP FT WALTON BCH FL

DELETE

TITLE T
NAME BATES, DORIS A.
STREET ADDRESS 232 SHUMPERT STREET
CITY-ST-ZIP FORT WALTON BEACH FL

DELETE

TITLE D
NAME DINGUS, DOYLE
STREET ADDRESS 610 NE CAMBORNE AVENUE
CITY-ST-ZIP FORT WALTON BEACH FL

DELETE

TITLE D
NAME MELVIN, JERRY
STREET ADDRESS 840 SANTA ROSA BOULEVARD
CITY-ST-ZIP FORT WALTON BEACH FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VP Patricia K. Jones
412-A Cobia Ave.
Fort Walton Beach, Fl 32548

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S Margaret Cerrato
623 Powell Drive
Fort Walton Beach, Fl 32547

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D Zoie Campbell
221 Crewilla Drive
Fort Walton Beach, Fl 32548

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D Hannah Martin
411-A Cobia Ave.
Fort Walton Beach, Fl 32548

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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)(k), 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: Doris A. Bates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (904) 244-5429

Date Daytime Phone #

CR2E037 (12/95)