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FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/09/1981	
4. FEI Number 59-2794061	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPBELL, ZOIE 221 CREWILLA DR FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 *Zoie B Campbell* 3/2/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ZOIE
STREET ADDRESS	221 CREWILLA DR
CITY-ST-ZIP	FORT WALTON BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	SANDERS, JAMES
STREET ADDRESS	512 NORTH ST
CITY-ST-ZIP	FORT WALTON BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	WYATT, MARGARET
STREET ADDRESS	419 BENING DR P O BOX 427
CITY-ST-ZIP	DESTIN FL
TITLE	<input type="checkbox"/> DELETE
NAME	BATES, DORIS A.
STREET ADDRESS	232 SHUMPERT STREET
CITY-ST-ZIP	FORT WALTON BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DINGUS, DOYLE
STREET ADDRESS	610 NE CAMBORNE AVENUE
CITY-ST-ZIP	FORT WALTON BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MELVIN, JERRY
STREET ADDRESS	840 SANTA ROSA BOULEVARD
CITY-ST-ZIP	FORT WALTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Robert Tindall
1.3 STREET ADDRESS	208 Pawnee Circle
1.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32547
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Joanna Ellington & Ed Ellington
2.3 STREET ADDRESS	189 Beach Drive
2.4 CITY-ST-ZIP	Destin, FL 32541
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Priscilla Smiley
3.3 STREET ADDRESS	P. O. Box 495, Mary Esther, FL 32569
3.4 CITY-ST-ZIP	N/A
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Trudy Craine
4.3 STREET ADDRESS	114 Alen Drive, Ft Walton Bch, FL
4.4 CITY-ST-ZIP	32547
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Jacqueline V. Reed
5.3 STREET ADDRESS	123 Crystal Lake Cove
5.4 CITY-ST-ZIP	Valparaiso, FL 32580
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE *Sandra B. Mortham* 3/1/98 850-251-1500

CR2E037 (10/97)