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

FILED
95 MAY -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763422** **(3)**

1. Corporation Name

LOXAHATCHEE MUSEUM GUILD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4544 TEQUESTA FL 33469	P.O. BOX 4544 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1982**
3a. Date of Last Report: **03/01/1994**
4. FEI Number: **59-2563056** ☐ 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 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HUNSTON, JANE S
C/O DESANTIS, GASKILL & HNSTON, PA
11891 US HIGHWAY ONE
NORTH PALM BCH FL 33408

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 mail-in filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P D	☑ Change ☐ Addition
NAME	JABILI, OCTAVIA M	12 NAME	Jane S. Hunston	
STREET ADDRESS	18481 SE HERITAGE OAKS LANE	13 STREET ADDRESS	19780 Earlwood Drive	
CITY ST ZIP	TEQUESTA FL	14 CITY ST ZIP	Jupiter, FL 33458	
TITLE	VPD	21 TITLE	VP D	☑ Change ☐ Addition
NAME	WAGGENER, JANE	22 NAME	Debby Peery	
STREET ADDRESS	313 OLD JUPITER BEACH ROAD	23 STREET ADDRESS	15430 83rd Way N.	
CITY ST ZIP	JUPITER FL	24 CITY ST ZIP	Palm Beach Gardens, FL 33418	
TITLE	SD	31 TITLE	S D	☑ Change ☐ Addition
NAME	MILBANK, JUDY	32 NAME	Angel Steckler	
STREET ADDRESS	163 RIVER DRIVE	33 STREET ADDRESS	19242 Pine Tree Drive	
CITY ST ZIP	TEQUESTA FL	34 CITY ST ZIP	Tequesta, FL 33469	
TITLE	CSD	41 TITLE	D	☑ Change ☐ Addition
NAME	LIVERS, BETH	42 NAME	Judy Campbell	
STREET ADDRESS	19971 WILKINSON LEAS RD	43 STREET ADDRESS	1309 Peninsular Road	
CITY ST ZIP	TEQUESTA FL	44 CITY ST ZIP	Jupiter, FL 33469	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	KRISTENSEN, ALEXANDRA	52 NAME		
STREET ADDRESS	138 CAPE PINTE CIRLCE	53 STREET ADDRESS		
CITY ST ZIP	JUPITER FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	HUNSTON, JANE	62 NAME	Joy Schneider	
STREET ADDRESS	19780 EARLWOOD DR	63 STREET ADDRESS	116 Quayside Drive	
CITY ST ZIP	JUPITER FL	64 CITY ST ZIP	Jupiter, FL 33477	

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: Jane S. Hunston 2/6/95 (407) 622-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6061273