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FILED

Jun 02 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mokham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763422 (3)

1. Corporation Name

LOXAHATCHEE MUSEUM GUILD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4544  
TEQUESTA FL 33469P.O. BOX 4544  
TEQUESTA FL 33469-95443. Date Incorporated or Qualified  
05/24/19823a. Date of Last Report  
05/01/19964. FEI Number  
59-2563056Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNSTON, JANE S  
C/O DESANTIS, GASKILL & HNSTON, PA  
11891 US HIGHWAY ONE  
NORTH PALM BCH FL 3340881 Name  
BARWICK, BLAKISTON WISNICKI  
82 Street Address (P.O. Box Number is Not Acceptable)  
1001 N.W. 5. HWY ONE  
83 JUPITER FL 33477  
84 City  
FL 85 Zip Code  
33477

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 HENRY BLAKISTON

(NOTE: Registered Agent signature required when reinstating)

DATE

5/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HUNSTON, JANE S.  
STREET ADDRESS 19780 EARLWOOD DRIVE  
CITY-ST-ZIP JUPITER FL ☒ DELETE1.1 TITLE PD  
1.2 NAME BARBARA PERRY  
1.3 STREET ADDRESS 18727 120 TERR. N.  
1.4 CITY-ST-ZIP JUPITER FL 33478 ☒ Change ☐ AdditionTITLE VPD  
NAME PEERCY, DEBBY  
STREET ADDRESS 15430 83RD WAY N  
CITY-ST-ZIP PALM BEACH GARDENS FL ☒ DELETE2.1 TITLE VPD  
2.2 NAME JOAN HUDIBURG  
2.3 STREET ADDRESS 197 COMMODORE P  
2.4 CITY-ST-ZIP JUPITER FL 33477 ☒ Change ☐ AdditionTITLE SD  
NAME STECKLER, ANGEL  
STREET ADDRESS 19242 PINE TREE DRIVE  
CITY-ST-ZIP TEQUESTA FL ☒ DELETE3.1 TITLE SD  
3.2 NAME SHEER, KORA  
3.3 STREET ADDRESS 20 SHADY LANE  
3.4 CITY-ST-ZIP JUPITER FL 33469 ☒ Change ☐ AdditionTITLE D  
NAME CAMPBELL, JUDY  
STREET ADDRESS 1309 PENINSULAR ROAD  
CITY-ST-ZIP JUPITER FL ☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD  
NAME PERRY, BARBARA J.  
STREET ADDRESS 18727 120TH TERR. N.  
CITY-ST-ZIP JUPITER FL ☐ DELETE5.1 TITLE TD  
5.2 NAME DEBBY PERRY  
5.3 STREET ADDRESS 15430 83 WAY N  
5.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33469 ☒ Change ☐ AdditionTITLE D  
NAME SCHNEIDER, JOY  
STREET ADDRESS 16 QUAYSIDE DRIVE  
CITY-ST-ZIP JUPITER FL ☐ DELETE6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044280

CR2E037 (9/96)