

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **846723** (5)

1. Corporation Name

**THE SALVADOR DALI FOUNDATION, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -6 PM 12:15

Principal Place of Business Mailing Address  
1000 3RD ST., S. ST. PETERSBURG FL 33701 US  
1000 3RD ST., N. ST. PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/14/1980** 3a. Date of Last Report **03/23/1994**  
4. FCI Number **34-6527073** Applied For Not Applicable

2. Principal Place of Business 26. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent  
**MARTIN, JAMES W.  
201 SECOND AVENUE N. STE. C  
ST. PETERSBURG FL 33701**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>ST MARTIN, JAMES W</b>
NAME	<b>201 SECOND ST., S. ST. PETERSBURG FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>PT MORSE, A. R</b>
NAME	<b>1000 THIRD ST., S. ST PETERSBURG FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>TV MORSE, BRAD G</b>
NAME	<b>1000 THIRD ST. SOUTH ST. PETERSBURG FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>TAS ROUSSEAU, T. M</b>
NAME	<b>1000 THIRD ST., SOUTH ST PETERSBURG FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>VY JAMES, THOMAS A</b>
NAME	<b>C/O RAYMOND JAMES FINANCIAL, 880 CARILLON ST. PETERSBURG FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>TTY HOUGH, WILLIAM R</b>
NAME	<b>100 SECOND AVE., S. ST PETERSBURG FL</b>
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: T. Marshall Rousseau  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95