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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846723** (5)

1. Corporation Name

**THE SALVADOR DALI FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1000 3RD ST. S.  
ST. PETERSBURG FL 33701  
US**

**1000 3RD STREET SOUTH  
ST. PETERSBURG FL 33701  
US**

3. Date Incorporated or Qualified

**08/14/1980**

4. FEI Number

**34-6527073**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**MARTIN, JAMES W  
111 SECOND AVENUE N.E., #703  
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 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

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	ST	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, JAMES W</b>	
STREET ADDRESS	<b>111 SECOND ST., S.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	<b>MORSE, A. R</b>	
STREET ADDRESS	<b>1000 THIRD ST., S.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	<b>MORSE, BRAD G</b>	
STREET ADDRESS	<b>1000 THIRD ST. SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	<b>ROUSSEAU, T. M</b>	
STREET ADDRESS	<b>1000 THIRD ST., SOUTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>JAMES, THOMAS A</b>	
STREET ADDRESS	<b>C/O RAYMOND JAMES FINANCIAL, 880 CARILLON</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	TTT	<input type="checkbox"/> DELETE
NAME	<b>HOUGH, WILLIAM R</b>	
STREET ADDRESS	<b>100 SECOND AVE., S.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>111 Second Avenue NE #703</b>
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>SEE ATTACHMENT</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>400002433404--3</b>
3.4 CITY-ST-ZIP	<b>-02/17/98--01102--027</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>400002433404--3</b>
4.4 CITY-ST-ZIP	<b>-02/17/98--01102--028</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>*****70.00 *****70.00</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>*****1.00 *****1.00</b>
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)(l), 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:

Secretary 2-11-98

821-0904

CR2E037 (10/97)

**ATTACHMENT TO  
1998 NONPROFIT CORPORATION ANNUAL REPORT TO  
FLORIDA DEPARTMENT OF STATE**

**THE SALVADOR DALI FOUNDATION, INC.**

**Document #846723**

**OFFICERS AND TRUSTEES**

**As of February 11, 1998**

**Trustee and Chairman  
A. REYNOLDS MORSE  
1000 Third Street South  
St. Petersburg, FL 33701**

**Trustee and Assistant Treasurer  
ELEANOR R. MORSE  
1000 Third Street South  
St. Petersburg, FL 33701**

**Trustee and Vice President  
BRAD G. MORSE  
1000 Third Street South  
St. Petersburg, FL 33701**

**Trustee and President  
THOMAS A. JAMES  
1000 Third Street South  
St. Petersburg, FL 33701**

**Trustee and Secretary  
JAMES W. MARTIN  
111 Second Avenue N.E. #703  
St. Petersburg, FL 33701**

**Trustee and Treasurer  
WILLIAM R. HOUGH  
1000 Third Street South  
St. Petersburg, FL 33701**

**Trustee and Assistant Secretary  
T. MARSHALL ROUSSEAU  
1000 Third Street South  
St. Petersburg, FL 33701**

**Trustee and Assistant Secretary  
MARGO C. EURE  
1000 Third Street South  
St. Petersburg, FL 33701**