2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 25, 2004 08:00 AM Secretary of State **DOCUMENT # N01000005779** FRIENDS OF THE ELLIOTT MUSEUM, INC. Mailing Address Principal Place of Business 4855 LOCH LN. PALM CITY FL 34990 4855 LOCH LN. PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State 4. FFI Number Applied For City & State 59-0913326 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUSH, CLINTON G JR. Street Address (P.O. Box Number is Not Acceptable) 4855 LOCH LN. PALM CITY FL 34990 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Defete TITLE TITLE BUSH, CLINTON G JR NAME U00000065868 NAME 4855 LOCH LN. STREET ADDRESS 02/25/04-80054-017 61.25 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE BURDICK, GREGORY N NAME NAME 45 S.W. SALEMO ROAD STREET ADDRESS STREET ADDRESS STUART FL 34957 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE ENRIGHT, RICHARD E NAME NAME 1463 S.W. TROON CIRCLE STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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