

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N06888 (4)**

1. Corporation Name

**FLORIDA AGRICULTURAL MUSEUM, INC.**



Principal Place of Business

Mailing Address

**3125 CONNER BLVD.  
TALLAHASSEE FL 32399-1650**

**3125 CONNER BLVD.  
TALLAHASSEE FL 32399-1650**

3. Date Incorporated or Qualified

**12/31/1984**

3a. Date of Last Report

**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2659573**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN MILSTEAD  
FLORIDA AGRICULTURAL MUSEUM  
3125 CONNER BLVD.  
TALLAHASSEE FL 32399-1650**

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 ☐ DELETE

NAME **T MILSTEAD, JOHN**  
STREET ADDRESS **214 SOUTH BRONOUGH STREET**  
CITY-STATE-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **S ROPER, BERT**  
STREET ADDRESS **P.O. BOX 770218**  
CITY-STATE-ZIP **WINTER GARDEN FL**

TITLE ☐ DELETE

NAME **D NEWBERN, COPELAND**  
STREET ADDRESS **912 SOUTH HIMES AVENUE**  
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D PRICE, WILLIAM G.**  
STREET ADDRESS **3702 LAKE TRAFFORD ROAD**  
CITY-STATE-ZIP **IMMOKALEE FL**

TITLE ☒ DELETE

NAME **C CHAPPELL, JEANNE**  
STREET ADDRESS **4068 CORRIENTES COURT SOUTH**  
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

Chairman

Tom Torrence

301 Flagler Ave.

New Smyrna Beach, Fl. 32169

☒ Change

☐ Addition

☐ Change

☐ Addition

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)(k), 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

904/224-2265

Daytime Phone

CR2E037 (12/95)