

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06888** (4)
1. Corporation Name
FLORIDA AGRICULTURAL MUSEUM, INC.



Principal Place of Business 3125 CONNER BLVD. TALLAHASSEE FL 32399-1650	Mailing Address 3125 CONNER BLVD. TALLAHASSEE FL 32399-6576
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2. Principal Place of Business 21 1850 PRINCESS ESTATE RD		2a. Mailing Address 26 P.O. BOX 354844		3. Date Incorporated or Qualified 12/31/1984		3a. Date of Last Report 02/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2659573		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 PALM COAST, FL		City & State 28 PALM COAST FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 32135		Country 25 FLAGLER		Zip 29 32135		Country 30 FLAGLER	

9. Name and Address of Current Registered Agent JOHN MILSTEAD FLORIDA AGRICULTURAL MUSEUM 3125 CONNER BLVD. TALLAHASSEE FL 32399-1650				10. Name and Address of New Registered Agent 81 Name BRUCE PIATEK 82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 354844 / 1850 PRINCESS EST. ROAD 83 PALM COAST 84 City 85 Zip Code FL 32135			
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11. Pursuant to the provisions of Section 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]* **BRUCE PIATEK - MUSEUM DIRECTOR** DATE **4/1/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	1.1 TITLE	T	1.1 TITLE T C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MILSTEAD, JOHN	1.2 NAME	BRUCE MAQUIR	1.2 NAME			
STREET ADDRESS	214 SOUTH BRONOUGH STREET	1.3 STREET ADDRESS	499 INTERNATIONAL PKWY	1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32085	1.4 CITY-ST-ZIP			
TITLE	S	2.1 TITLE	T	2.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROPER, BERT	2.2 NAME	WILLIAM ADAMS	2.2 NAME			
STREET ADDRESS	P.O. BOX 770218	2.3 STREET ADDRESS	P.O. BOX 1002	2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32085	2.4 CITY-ST-ZIP			
TITLE	D	3.1 TITLE	T	3.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NEWBERN, COPELAND	3.2 NAME	ROBERT LAURIAULT	3.2 NAME			
STREET ADDRESS	912 SOUTH HIMES AVENUE	3.3 STREET ADDRESS	RT 3, BOX 1250	3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	MELROSE, FL 32666	3.4 CITY-ST-ZIP			
TITLE	D	4.1 TITLE	T	4.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PRICE, WILLIAM G.	4.2 NAME	BARBARA REVELS	4.2 NAME			
STREET ADDRESS	3702 LAKE TRAFFORD ROAD	4.3 STREET ADDRESS	P.O. BOX 484	4.3 STREET ADDRESS			
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	FLAGLER BEACH FL 32136	4.4 CITY-ST-ZIP			
TITLE	C	5.1 TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TORRENCE, TOM	5.2 NAME		5.2 NAME			
STREET ADDRESS	301 FLAGLER AVENUE	5.3 STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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]* DATE: **2/19/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #0008282

CR2E037 (9/96)