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FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

3125 CONNER BLVD.
TALLAHASSEE FL 32399-1650

Mailing Address

3125 CONNER BLVD.
TALLAHASSEE FL 32399-65763. Date Incorporated or Qualified
12/31/19843a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 1850 PRINCESS ESTATE RD

Suite, Apt. #, etc.

22

23 PALM COAST, FL

Zip

24 32135

Country

25 FLAGLER

2a. Mailing Address

26 P.O. BOX 354844

Suite, Apt. #, etc.

27

28 PALM COAST FL

Zip

29 32135

Country

30 FLAGLER

4. FEI Number
59-2659573Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 FL 86 Zip Code 32135

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

BRUCE PIATEK - MUSEUM DIRECTOR

4/3/97

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
T	MILSTEAD, JOHN	214 SOUTH BRONOUGH STREET	TALLAHASSEE FL	<input checked="" type="checkbox"/>
S	ROPER, BERT	P.O. BOX 770218	WINTER GARDEN FL	<input checked="" type="checkbox"/>
D	NEWBERN, COPELAND	912 SOUTH HIMES AVENUE	TAMPA FL	<input checked="" type="checkbox"/>
D	PRICE, WILLIAM G.	3702 LAKE TRAFFORD ROAD	IMMOKALEE FL	<input checked="" type="checkbox"/>
C	TORRENCE, TOM	301 FLAGLER AVENUE	NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
T	BRUCE MAQUIR	499 INTERNATIONAL PKWY	ST. AUGUSTINE, FL 32085	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	VIC CHAIRMAN	WILLIAM ADAMS	P.O. BOX 1002	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	SECRETARY	ROBERT LAURIAULT	RT 3, BOX 1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	TREASURER	BARBARA REVELS	P.O. BOX 484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0009262

CR2E037 (9/96)