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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

1850 PRINCESS ESTATE RD
PALM COAST FL 32135

P.O. BOX 354844
PALM COAST FL 32135

3. Date Incorporated or Qualified

12/31/1984

4. FEI Number

59-2659573

Applied For

Not Applicable

2. Principal Place of Business

21 1850 PRINCESS PLACE RD

2a. Mailing Address

26 1850 Princess Place Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM COAST, FL

City & State

28 PALM COAST, FL

Zip

24 32135

Country

25 FLA

Zip

29 32135

Country

30 FLA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIATEK, BRUCE

P.O. BOX 354844

1850 PRINCESS EST. ROAD

PALM COAST FL 32135

81 Name BRUCE PIATEK

82 Street Address (P.O. Box Number is Not Acceptable)

83 1850 PRINCESS PLACE ROAD

84 City PALM COAST

FL

85 Zip Code

32135

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TC
NAME MAQUIRE, BRUCE
STREET ADDRESS 499 INTERNATIONAL PKWY
CITY-ST-ZIP ST. AUGUSTINE FL 32085

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TVC
NAME ADAMS, WILLIAM
STREET ADDRESS P.O. BOX 1002 (N/A)
CITY-ST-ZIP ST. AUGUSTINE FL 32085

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TS
NAME LAURIAULT, ROBERT
STREET ADDRESS RT 3, BOX 1250
CITY-ST-ZIP MELROSE FL 32666

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME REVELS, BARBARA
STREET ADDRESS P.O. BOX 434 (N/A)
CITY-ST-ZIP FLAGLER BEACH FL 32136

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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

CR2E037 (10/97)