

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Worthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09378 (3)
1. Corporation Name
JACKSONVILLE MARITIME MUSEUM SOCIETY, INC.



Principal Place of Business 015 MUSEUM CIR-UNIT2 JACKSONVILLE FL 32207	Mailing Address % ROERT B PARRISH 501 W BAY ST JACKSONVILLE FL 32202-4428
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3. Date Incorporated or Qualified 05/20/1985	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21. 1015 Museum Circle 22. Suite, Apt. #, etc. Unit #2 23. City & State Jacksonville, FL 24. Zip 32207 25. Country Duval	2a. Mailing Address 26. 501 W BAY ST 27. Suite, Apt. #, etc. 28. City & State JACKSONVILLE, FL 29. Zip 32202 30. Country
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4. FEI Number 59-2605102	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PARRISH, ROBERT B
501 W BAY ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHT SANDBERG, FREDRIC O 1148 GIRVIN RD JACKSONVILLE FL 32225	<input type="checkbox"/> DELETE	1.1 TITLE Chairman T 1.2 NAME Phil Buhler 1.3 STREET ADDRESS 501 West Bay Street 1.4 CITY-ST-ZIP Jacksonville, FL 32202
TITLE	EXD MUELLER, EDWARD A 4734 EMPIRE AVE JACKSONVILLE FL 32207	<input type="checkbox"/> DELETE	2.1 TITLE EXD 2.2 NAME Mueller, Edward A. 2.3 STREET ADDRESS 4734 Empire Avenue 2.4 CITY-ST-ZIP Jacksonville, FL 32207
TITLE	PT LOCKHART, JOHN M 1002 ACOSTA STREET JACKSONVILLE FL 32204	<input type="checkbox"/> DELETE	3.1 TITLE PT 3.2 NAME Lockhart, John M. 3.3 STREET ADDRESS 1002 Acosta Street 3.4 CITY-ST-ZIP Jacksonville, FL 32204
TITLE	VPT CAREY, JEFFERSON 1624 DUNSFORD RD. JACKSONVILLE FL 32207	<input type="checkbox"/> DELETE	4.1 TITLE VPT 4.2 NAME Carey, Jefferson 4.3 STREET ADDRESS 1624 Dunsford Street 4.4 CITY-ST-ZIP Jacksonville, FL 32207
TITLE	ST NEWMAN, LYN 11517 PORTSIDE DR JACKSONVILLE FL 32225	<input type="checkbox"/> DELETE	5.1 TITLE Secretary T 5.2 NAME Simms, John 5.3 STREET ADDRESS 1017 Edgewater Ave. S. #201 5.4 CITY-ST-ZIP Jacksonville, FL 32205
TITLE	T SANDBERG, MARY K 1148 GIRVIN RD JACKSONVILLE FL 32225	<input type="checkbox"/> DELETE	6.1 TITLE Treas. T 6.2 NAME Sandberg, Mary K 6.3 STREET ADDRESS 1146 Girvin Road 6.4 CITY-ST-ZIP

5.1 TITLE	Secretary T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	Simms, John		
5.3 STREET ADDRESS	1017 Edgewater Ave. S. #201		
5.4 CITY-ST-ZIP	Jacksonville, FL 32205		
6.1 TITLE	Treas. T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	Sandberg, Mary K		
6.3 STREET ADDRESS	1146 Girvin Road		
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 617.0503(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 of this report, or on an attachment, with an address.

SIGNATURE _____

CR2E037 (9/96)