


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1015 MUSEUM CIRCLE JACKSONVILLE FL 32207 US</b>	Mailing Address <b>% ROERT B PARRISH 501 W BAY ST JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified <b>05/20/1985</b>	Applied For Not Applicable
4. FEI Number <b>59-2605102</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1015 Museum Circle</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Unit # 2</b>	27
City & State	City & State
23 <b>Jacksonville, FL</b>	28
Zip	Country
24 <b>32207-9006</b>	25
Country	Zip
	29
	30

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	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CHT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>CHT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDBERG, FREDRIC O</b>	1.2 NAME	<b>Phillip A. Buhler, Esq.</b>
STREET ADDRESS	<b>1146 GIRVIN RD</b>	1.3 STREET ADDRESS	<b>501 West Bay Street</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
TITLE	<b>EXD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUELLER, EDWARD A</b>	2.2 NAME	
STREET ADDRESS	<b>4734 EMPIRE AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKHART, JOHN M</b>	3.2 NAME	
STREET ADDRESS	<b>1002 ACOSTA STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAREY, JEFFERSON</b>	4.2 NAME	
STREET ADDRESS	<b>1824 DUNSFORD RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, LYN</b>	5.2 NAME	
STREET ADDRESS	<b>11517 PORTSIDE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDBERG, MARY K</b>	6.2 NAME	<b>T/T</b>
STREET ADDRESS	<b>1146 GIRVIN RD</b>	6.3 STREET ADDRESS	<b>Mary K. Sandberg</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	6.4 CITY-ST-ZIP	<b>1146 Girvan Road Jacksonville, FL 32225</b>

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 \_\_\_\_\_ DATE **01/14/98** 904-398-9011

CR2E037 (10/97)