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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90022 008 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09378**

1. Corporation Name  
**JACKSONVILLE MARITIME MUSEUM SOCIETY, INC.**

Principal Place of Business 1015 MUSEUM CIRCLE UNIT 2 JACKSONVILLE FL 32207 US	Mailing Address % ROERT B PARRISH 501 W BAY ST JACKSONVILLE FL 32202
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/20/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2605102
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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
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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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CHT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHLER, PHILLIP E	1.2 NAME	H. Scott Hilaman
STREET ADDRESS	501 WEST BAY ST	1.3 STREET ADDRESS	10985 Mandarin Station Dr. W.
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville, FL. 32257-3901
TITLE	EXD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCHT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, EDWARD A	2.2 NAME	Lake G. Ray III
STREET ADDRESS	4734 EMPIRE AVE	2.3 STREET ADDRESS	1615 Huffingham Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	PT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, JOHN M	3.2 NAME	
STREET ADDRESS	1002 ACOSTA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, JEFFERSON	4.2 NAME	
STREET ADDRESS	1624 DUNS福德 RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, LYN	5.2 NAME	John E. Simms
STREET ADDRESS	11517 PORTSIDE DR	5.3 STREET ADDRESS	1071 Edgewood Ave. S. #201
CITY-ST-ZIP	JACKSONVILLE FL 32225	5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32205
TITLE	TT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDBERG, MARY K	6.2 NAME	
STREET ADDRESS	1146 GIRVIN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	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, with all other like empowered.

SIGNATURE: Mary K Sandberg 3/25/1999 90-4-221-4611  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000044  
 CR2E037 (11/98)