

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31537

(6)

1. Corporation Name

AH-THA-THI-KI MUSEUM, INC.



Principal Place of Business

Mailing Address

~~6073 STIRLING RD.~~
C/O JAMES E. BILLIE
HOLLYWOOD FL 33024-2161

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C/O JAMES E. BILLIE
HOLLYWOOD FL 33024-2161

3. Date Incorporated or Qualified

04/05/1989

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 6300 STIRLING RD.

26 6300 STIRLING RD.

4. FEI Number

65-0161660

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILLIE, JAMES E.

~~6073 STIRLING ROAD~~
HOLLYWOOD FL 33024

81 Name

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

6300 STIRLING RD

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

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 PD ☐ DELETE
NAME BILLIE, JAMES E.
STREET ADDRESS 6350 NORTHWEST 32ND ST.
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE VD ☐ DELETE
NAME CYPRESS, BILLY
STREET ADDRESS 6351 N.W. 32ND ST.
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE TRS ☐ DELETE
NAME BILLIE-MOTLOW, AGNES
STREET ADDRESS STAR ROUTE BOX 46
CITY-ST-ZIP CLEWISTON FL

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

TITLE SD ☐ DELETE
NAME SAYEN, PRISCILLA D.
STREET ADDRESS 5721 SW 188TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE SD ☐ DELETE
NAME DIAMOND, PATRICIA
STREET ADDRESS 4801 SW 202ND AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Billy Cypress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

Date

305-967-8997

Daytime Phone #

CR2E037 (12/95)