2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90486 001 *****8.75
04-24-2002 90486 002 ****61.25

DOCUMENT # N33181

1. Entity Name

APALACHICOLA MARITIME MUSEUM, INC.

Principal Place of Business	Mailing Address
268 WATER STREET P.O. BOX 625 APALACHICOLA FL 32320-7625 US	268 WATER STREET P.O. BOX 625 APALACHICOLA FL 32320-7625 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2957145 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, KRISTIN 341 SMITH ROAD APALACHICOLA FL 33320	Name: Daniel W. Garlick Street Address (P.O. Box Number Is Not Acceptable): 48 Avenue D City: Apalachicola, FL — FL — Zip Code: 32320

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: D Garlick — 3/1,

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD ☒ Delete	TITLE	President ☐ Change ☒ Addition
NAME	ANDERSON, KRISTIN	NAME	Daniel W. Garlick
STREET ADDRESS	341 SMITH ROAD	STREET ADDRESS	P.O. Box 385
CITY-ST-ZIP	APALACHICOLA FL	CITY-ST-ZIP	Apalachicola, FL 32329
TITLE	TD ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	BUTLER, CLIFF	NAME	Jerome R. Hall
STREET ADDRESS	145 N BAYSHORE DR	STREET ADDRESS	52 7th Street
CITY-ST-ZIP	EASTPOINT FL 32320-0411	CITY-ST-ZIP	Apalachicola, FL 32320
TITLE	PD ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	VAIL, HOLLIS W	NAME	Gordon K. Adkins
STREET ADDRESS	160 AVE C	STREET ADDRESS	P.O. Box 280
CITY-ST-ZIP	APALACHICOLA FL 32320	CITY-ST-ZIP	Apalachicola, FL 32329
TITLE	☐ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME		NAME	Kimberly Zingarelli
STREET ADDRESS		STREET ADDRESS	P.O. Box 1092
CITY-ST-ZIP		CITY-ST-ZIP	Apalachicola, FL 32329
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	Harry K. Arnold
STREET ADDRESS		STREET ADDRESS	P.O. Box 9
CITY-ST-ZIP		CITY-ST-ZIP	Apalachicola, FL 32329
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] — 3/8/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)