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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49074

1. Corporation Name

FLORIDA INTERNATIONAL MUSEUM, INC.

Principal Place of Business

100 2ND STREET NORTH
ST PETERSBURG FL 33701

Mailing Address

100 2ND STREET NORTH
ST PETERSBURG FL 33701



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/26/1992

4. FEI Number

59-3139888

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

9. Name and Address of Current Registered Agent

JOHNSTON, W. RICHARD
100 2ND STREET NORTH
ST PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE
NAME BAKER, ESQ R
STREET ADDRESS 100 2ND AVE S SUITE 701
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☐ DELETE
NAME MITLIN, IRA
STREET ADDRESS 25 2ND STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE S ☐ DELETE
NAME NORMILE, MARTIN J.
STREET ADDRESS 100 2ND AVENUE SOUTH, SUITE 200
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D ☐ DELETE
NAME SIMMS, SHARON
STREET ADDRESS 4372 48TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE VC ☒ DELETE
NAME OLIVER, JR L
STREET ADDRESS 150 2ND AVE N SUITE 300
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE T ☐ DELETE
NAME O'HEARN, JOHN H
STREET ADDRESS 2764 69TH AVENUE, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President & CEO ☐ Change ☒ Addition
1.2 NAME Joseph Cronin
1.3 STREET ADDRESS 100 2nd St. North
1.4 CITY-ST-ZIP St. Petersburg, FL 33771

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

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

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

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Lee E. Moncrief
5.3 STREET ADDRESS PO Box 21587
5.4 CITY-ST-ZIP Tampa FL 33622

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 727/518-8707
Date Daytime Phone #

CR2E037 (11/98)