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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

97 FEB -4 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N49758 (8)

1. Corporation Name

CEDAR KEY STATE MUSEUM AND ST. CLAIR WHITMAN CIT  
IZEN SUPPORT ORGANIZATION, INC.



Principal Place of Business

Mailing Address

1710 MUSEUM DRIVE  
CEDAR KEY FL 32625

1710 MUSEUM DRIVE  
CEDAR KEY FL 32625-4621

3. Date Incorporated or Qualified  
07/08/1992

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 SW 12231 166 CT  
Suite, Apt. #, etc.

26 P.O. Box 462  
Suite, Apt. #, etc.

4. FEI Number  
59-3145772

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 25 29 30

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

MITCHELL, HARRY F.  
1710 MUSEUM DRIVE  
CEDAR KEY FL 32625

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
SW 12231 166 CT

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 Harry F. Mitchell

1-10-97

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 DP ☐ DELETE  
NAME EHRBAR, ELIZABETH  
STREET ADDRESS WHIDDEN AVE  
CITY-ST-ZIP CEDAR KEY FL

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

TITLE D ☐ DELETE  
NAME GRIFFIS, ELIZABETH  
STREET ADDRESS 705 NW 40TH TERR  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☐ DELETE  
NAME MITCHELL, HARRY  
STREET ADDRESS SR 24 WACCASASSA BAY  
CITY-ST-ZIP CEDAR KEY FL

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

TITLE DT ☒ DELETE  
NAME HODGES, FRANCES  
STREET ADDRESS 1ST STREET  
CITY-ST-ZIP CEDAR KEY FL 32625

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME T  
4.3 STREET ADDRESS Charles Neese  
4.4 CITY-ST-ZIP HC 1 Box 1104  
Cedar Key FL 32625

TITLE S ☐ DELETE  
NAME MAKRUSKI, NICOLETTE  
STREET ADDRESS P.O. BOX 187 N/A  
CITY-ST-ZIP CEDAR KEY FL 32625

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 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:

Harry F. Mitchell

1-10-97

(352) 543-5567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011508

CR2E037 (9/96)



PS 2000

# Department of Environmental Protection

Lawton Chiles  
Governor

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Virginia B. Wetherell  
Secretary

January 31, 1997

Mr. David Mann, Director  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Mr. Mann;

This letter is to certify to you that the *Cedar Key State Museum and St. Clair Whitman Citizen Support Organization, Inc.* is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP  
Director  
Division of Recreation and Parks

FPM/paw  
Attachments

a:cert.ltr