

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N49758 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

SW 12231 166 CT  
CEDAR KEY FL 32625

P.O. BOX 462  
CEDAR KEY FL 32625

3. Date Incorporated or Qualified

07/08/1992

4. FEI Number

59-3145772

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, HARRY F  
SW 12231 166 CT  
CEDAR KEY FL 32625

81 Name

Jeff Dimaggio

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)

1-12-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1165 Widden Ave  
32625

TITLE ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32607

TITLE ☒ DELETE

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

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D  
Dimaggio, Jeff  
8312 SW 125 Ct.  
Cedar Key FL 32625

TITLE ☐ DELETE

NAME NEESE, CHARLES  
STREET ADDRESS HC 1 BOX 1104  
CITY-ST-ZIP CEDAR KEY FL 32625

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

12850 SW 65th Street

TITLE ☐ DELETE

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

8312 SW 125 Ct.

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
Williams Jr., Lovett  
P.O. Box 870  
Cedar Key, FL 32625

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Signature of registered agent

1-12-98 352-543-5567

CR2E037 (10/97)



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 13, 1998

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 Cedar Key State Museum and St. Clair Whitman CSO, 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