


FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011900

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N49758					
1. Corporation Name CEDAR KEY STATE MUSEUM AND ST. CLAIR WHITMAN CIT IZEN SUPPORT ORGANIZATION, INC.					
Principal Place of Business SW 12231 166 CT CEDAR KEY FL 32625			Mailing Address P.O. BOX 462 CEDAR KEY FL 32625		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3145772	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent DIMAGGIO, JEFF SW 12231 166 CT CEDAR KEY FL 32625				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EHRBAR, ELIZABETH			1.2 NAME			
STREET ADDRESS	1165 WIDDEN AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY FL 32625			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFIS, ELIZABETH			2.2 NAME			
STREET ADDRESS	705 NW 40TH TERR			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIMAGGIO, JEFF			3.2 NAME			
STREET ADDRESS	8312 SW 125 CT.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEESE, CHARLES			4.2 NAME			
STREET ADDRESS	12850 SW 65TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY FL 32625			4.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAKRUSKI, NICOLETTE			5.2 NAME			
STREET ADDRESS	8312 SW 125 CT.			5.3 STREET ADDRESS	Dorthy Stearns		
CITY-ST-ZIP	CEDAR KEY FL 32625			5.4 CITY-ST-ZIP	PO Box234 Ceda Key Fl 32625		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOVETT, WILLIAMS, JR			6.2 NAME			
STREET ADDRESS	P.O. BOX 870 N/A			6.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY FL 32625			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:

Jeffrey A. Harris
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

352/543-5567

Daytime Phone #

CR2E037 (11/98)