


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N49758 1. Entity Name CEDAR KEY STATE MUSEUM AND ST. CLAIR WHITMAN CITIZEN SUPPORT ORGANIZATION, INC.						
Principal Place of Business 12231 S.W. 166 COURT CEDAR KEY, FL 32625				Mailing Address P.O. BOX 462 CEDAR KEY, FL 32625		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
PROBST, KAY 12691 MERLE AVE. CEDAR KEY, FL 32625				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete		TITLE	S	
NAME	EHRBAR, ELIZABETH			NAME	MAGGI FUNCHION	
STREET ADDRESS	1165 WIDDEN AVE.			STREET ADDRESS	12870 WIDDEN AVE	
CITY-ST-ZIP	CEDAR KEY, FL 32625			CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROBST, KAY			NAME		
STREET ADDRESS	12691 MERLE AVE			STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625			CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUGGLES, BETTY			NAME		
STREET ADDRESS	P.O. BOX 456			STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625			CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRANE, ROBERT B			NAME		
STREET ADDRESS	16851 MARGERY ST			STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARNES, DORTHY			NAME		
STREET ADDRESS	P.O. BOX 234			STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625			CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, LOVETT JR			NAME		
STREET ADDRESS	P.O. BOX 870			STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625			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: <i>Kay Probst</i> KAY PROBST 01/12/04 352 543-5350						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

FILED
04 MAR 23 PM 5:04
TALLAHASSEE, FLORIDA



01092004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3145772** Applied For ☐ Not Applicable ☒

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

FL Zip Code

01/12/04



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 26, 2004

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that the Cedar Key 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. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/pwf

Attachments