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1995 MAR 28 AM 2:13

SECRET OFFICE OF THE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N92000000997 (8)

1. Corporation Name

MCLARTY TREASURE MUSEUM FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/07/1993** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-3164754** 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 28 Zip
24 Country 25 Country 29 Country 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DAVIS, KRIS H
1423 S PATRICK DR
SATELLITE BEACH FL 32937**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **THOMPSON, DAN F**
STREET ADDRESS **117 CAT CAY LN**
CITY - ST - ZIP **INDIAN HARBOR BEACH FL 32937**

TITLE **VD**
NAME **RADCLIFF, WILLIAM**
STREET ADDRESS **13090 N A1A**
CITY - ST - ZIP **VERO BEACH FL 32963**

TITLE **SD**
NAME **MEERBOTT, ROSE MARIE**
STREET ADDRESS **406 ANCHOR KEY**
CITY - ST - ZIP **MELBOURNE BEACH FL 32958**

TITLE **TD**
NAME **WHITE, MARGARET H**
STREET ADDRESS **701 DOCTOR AVE**
CITY - ST - ZIP **SEBASTIAN FL 32958**

TITLE **D**
NAME **KELSO, KIP DR**
STREET ADDRESS **14205 80TH AVE**
CITY - ST - ZIP **ROSELAND FL 32958**

TITLE **D**
NAME **ARMSTRONG, DOUGLAS R**
STREET ADDRESS **1818 EMMANS ROAD N.W.**
CITY - ST - ZIP **PALM BAY FL 32907**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P/O** ☒ Change ☐ Addition
12 NAME **JAMES J. MENNIS**
13 STREET ADDRESS **8875 HIGHWAY A1A**
14 CITY - ST - ZIP **MELBOURNE BEACH FL 32951**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

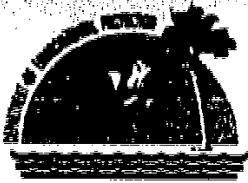
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **Margaret H. White** **MARGARET H. WHITE** 3/14/95 (407) 589 2147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)

TREAS./B



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 23, 1995

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

Dear Mr. Mann:

This letter is to certify to you that the Friends of McLarty Treasure Museum Foundation, 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/pwc

RECEIVED
95 MAR 24 AM 9:09
DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA