# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
1995 MAR 28 AM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # N92000000997 (8)

1. Corporation Name
MCLARTY TREASURE MUSEUM FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9700 S A1A<br>MELBOURNE BEACH FL 32951 | 9700 S A1A<br>MELBOURNE BEACH FL 32951 |

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~PD~~ | 11 TITLE | P/D ☑ Change ☐ Addition |
| NAME | ~~THOMPSON, DAN F~~ | 12 NAME | JAMES J. MENNIS |
| STREET ADDRESS | ~~117 CAT CAY LN~~ | 13 STREET ADDRESS | 8875 HIGHWAY A1A |
| CITY-ST-ZIP | ~~INDIAN HARBOR BEACH FL 32937~~ | 14 CITY-ST-ZIP | MELBOURNE BEACH FL 32951 |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | RADCLIFF, WILLIAM | 22 NAME | |
| STREET ADDRESS | 13090 N A1A | 23 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | 24 CITY-ST-ZIP | |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MEERBOTT, ROSE MARIE | 32 NAME | |
| STREET ADDRESS | 406 ANCHOR KEY | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32958 | 34 CITY-ST-ZIP | |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | WHITE, MARGARET H | 42 NAME | |
| STREET ADDRESS | 701 DOCTOR AVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | SEBASTIAN FL 32958 | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | KELSO, KIP DR | 52 NAME | |
| STREET ADDRESS | 14265 80TH AVE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | ROSELAND FL 32958 | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | ARMSTRONG, DOUGLAS R | 62 NAME | |
| STREET ADDRESS | 1618 EMMANS ROAD N.W. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL 32907 | 64 CITY-ST-ZIP | SCC 3-28-95 |

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 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 this 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 — Daytime Phone #
TREAS./D

0004782

# 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

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