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NONPROFIT **CORPORATION** ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N92000000997

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APPROVED AND FLORIDA DEPARTMENT OF STATE FILED

97 APR 24 AM 11: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MELARTY TREASURE MUSEUM FOUNDATION, INC.												
Principal Plac	a of Business	Mailing Address			,,							
13180	NORTH A-1-A	13180 Nort	4 A-	1-1	4							
VIERO BEACH, FL 32963 VIERO BEACH, P				2 32963			3. Date Incorporated or Qualified 3a. Date of Last Report 2/5/96					<del>=</del>
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Numb				Applied F	For
21		26					<u> 59-</u>	316475	4		Not Appli	
Suile, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate	of Status Desired		-	5 Addition Required	
City & Stati	$\epsilon$	City & State					6. Election C	ampaign Financing			00 May B	
23		28						I Contribution			ed to Fees	
Zip	Country Zip			Country			This corporation has liability for intangible tax under s. 199 032,     Florida Statutes     Yes    No					
24	9. Name and Address of Curren	29	30				Florida Sta	Address of New				
	5. Name and Address of Curren	r vedistaten waarit		81	Name		V. Hallie alk	VODIAND DI MAM	Vedisiele	IN AGOIN		
DAVIS, KRIS H. 1423 S. PATRICK DRIVE					32 Street Addre		drops (D.O. Day Number in Not Apportunity)					
					Street	Address	ress (P.O. Box Number is Not Acceptable)					
1423	S. PATRICK DRIVE			83							***************************************	
Car	ELLITE BEACH, F	(1 22020		84	City					. 85 2	ip Code	
			<del> </del>						F		·	
office or r	to the provisions of Sections 617,050, registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was	s authorize	of by	the corp	corpora poration	tion submits t s board of dir	his statement for the ectors. I hereby ac	e purpose cept the <b>a</b>	e of changir ippointment	g its regis as registe	stered
SIGNATURE .	Signature Typed to printed hame of registered age	All partitions and projection of the partition of the par	OTE: Becomer	d Ana	ant signed are	e recuired a	hen reinstaling)	······································	DATE			
12.	OFFICERS AND		13.	u Apa	int big istore	e required a	<u> </u>	CHANGES TO OF			ORS IN 1	2
mat	PRESIDENT	DELETE	1.1 T	ITLE		T				Chan		Addition
NAME	MENNIS, JAMES J.		1.2 N	AME								
STREET ADDRESS	8875 HILMANAV A-1-1	1	1.3 \$	TREET	ADDRESS							
CHY ST ZIP	18875 HILHNAY A-1-1 MELBEURNE BEAC	4. FL 32951	1.40	ITY-S	T-ZIP	<u> </u>						_,
TITLE	VICE PRESIDENT	DELETE	2.1 ₹	ITLE		1				L. Chan	ge [_]A	Addition
NAMI	RADCLIFF, WILLIAM 13090 NORTH A-1-4		2.2 N	AME								
STREET ADDRESS	13090 NORTH A-1-4				ADDRESS							
CHY-SI-7P	VERO BALLA, FL 3:	DELETE			ST-ZIP	<del> </del>				Chan		Addition
JUL!	SACRATARY		317							L.J Chan	م لبيا علا	iguitioi
STREET ADDRESS	MUERBOTT, ROSE	Y AIGIB	32 N		ADDRESS							
COLY ST- 70P	406 ANCHOR KRY MELBOURNE BEACH	BI 22058			ST · ZIP	1						
THIE	TRANSURAR ISBNE	DELETE	4.1 T		41. EH	†				☐ Chan	ge 🔲 A	Addition
NAME	ſ <u>-</u>	//	4.21			1				•		
STREET ADDRESS	WHITE MARGARET	<b>∀.</b>	4.3 S	TAEET	ADDRESS							
City-St Zip	SEBASTIAN, PL 329	58	4.4.0	ITY-S	it - ZIP	1						
TILLE	DIRECTOR	☐ DELETE	5.1 Ti	ITLE						Chan	ge □ A	Addition
NAME	Kouso, KIP DR.		5.2 N	AME								
STREET ADDRESS	14265 80 IN AUG 30		5.3 S	TREET	ADORESS		. А			V KG	<b>.</b>	ـر بـ
CITY-ST-ZIP	SOBASTIAN PL 38958			54 CITY-ST-ZIP			wazyedl	pursuan	<u> </u>		015 F	
TITLE					*	•		Mulaula.		Chan	۸ لـــا عز	Addition
NAMI .	ARMSTRONG, DOUGLAS 1618 EMMANS ROAD	IC.	6.2 N				0/	$n_{i}$				
STREET ADDRESS	1618 EMMANS KOAD	N.W.			ADDRESS		λ۲,	/Ulzula	<u> </u>			
CITY - ST - 7IP	PALMISKY PL SA	907		ITY-S		1000	Y	7/2/01	1	Laraca'i .	hat the	
informatio	by certify that the information supplied on indicated on this annual report or s	upplemental annual report is	s true and	accu	ırate and	d that my	signature sha	all have the same le	gal effect	as if made	under oat	th; the
l ani an o appears i	ifficer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver or trustee empa r on an attachment with an a	owered to d address.	exec	ute this i	report as	required by	Unapter 617, Florid	a Statutes	; and that n	ıy name	
								_				