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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0021560

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000997

1. Corporation Name

SEBASTIAN INLET MUSEUMS FOUNDATION, INC.

Principal Place of Business	Mailing Address
13180 NORTH A-1-A VERO BEACH FL 32963	13180 NORTH A-1-A VERO BEACH FL 32963

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/07/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3164754 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICHTER, HARRY		1.2 NAME		
STREET ADDRESS	712 FISHER CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RADCLIFF, WILLIAM		2.2 NAME		
STREET ADDRESS	13090 N A1A		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEERBOTT, ROSE MARIE		3.2 NAME		
STREET ADDRESS	406 ANCHOR KEY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32958		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BENDER, SHELDON		4.2 NAME		
STREET ADDRESS	295 HERON DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE SHORES FL 32951		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KELSO, KIP DR		5.2 NAME		
STREET ADDRESS	14265 80TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND FL 32958		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARMSTRONG, DOUGLAS R		6.2 NAME		
STREET ADDRESS	1618 EMMANS ROAD N.W.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		6.4 CITY-ST-ZIP		

3/8

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: _____ William Radcliff 3/3/99 561-388-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)