

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N93000001608 (9)

1. Corporation Name

TED WILLIAMS RETROSPECTIVE MUSEUM AND LIBRARY, I
NC.



Principal Place of Business 2455 N CITRUS HILLS BLVD HERNANDO FL 34442 US	Mailing Address 2455 N CITRUS HILLS BLVD HERNANDO FL 34442 US
--	--

3. Date Incorporated or Qualified

04/09/1993

4. FEI Number

59-3176953

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABEL, ERIC D
2450 N CITRUS HILLS BLVD
HERNANDO FL 34442

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME PASTOR, JOHN E
STREET ADDRESS 2050 N BRENTWOOD CIRCLE
CITY-ST-ZIP LECANTO FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME TAMPOSI, STEPHEN A
STREET ADDRESS 2450 N CITRUS HILLS BLVD
CITY-ST-ZIP HERNANDO FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME KIMBROUGH, JAMES H.
STREET ADDRESS POST OFFICE BOX 156
CITY-ST-ZIP BROOKSVILLE FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ABEL, ERIC D
STREET ADDRESS 2450 N CITRUS HILLS BLVD
CITY-ST-ZIP HERNANDO FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME NASH, GERALD O
STREET ADDRESS 40 TEMPLE STREET
CITY-ST-ZIP NASHUA NH

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME WILLIAMS, CLAUDIA
STREET ADDRESS 2450 N. CITRUS HILLS BLVD.
CITY-ST-ZIP HERNANDO FL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 352 746-6121

Date

Daytime Phone # 0067342

CR2E037 (1097)