

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90009 003 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000001608

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

617269 - 90009 - 3



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3176953	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2476 N. ESSEX AVENUE
83
84 City HERNANDO
85 Zip Code FL 34442

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR, JOHN E	1.2 NAME	
STREET ADDRESS	2050 N BRENTWOOD CIRCLE	1.3 STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	2.2 NAME	
STREET ADDRESS	TAMPOSI, STEPHEN A	2.3 STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	2450 N CITRUS HILLS BLVD HERNANDO FL	2.4 CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	
STREET ADDRESS	KIMBROUGH, JAMES H.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POST OFFICE BOX 156 BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	4.2 NAME	
STREET ADDRESS	ABEL, ERIC D	4.3 STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	2450 N CITRUS HILLS BLVD HERNANDO FL	4.4 CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	
STREET ADDRESS	NASH, GERALD O	5.3 STREET ADDRESS	
CITY-ST-ZIP	40 TEMPLE STREET NASHUA NH	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	WILLIAMS, CLAUDIA	6.3 STREET ADDRESS	
CITY-ST-ZIP	2450 N. CITRUS HILLS BLVD. HERNANDO FL	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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/99

352-746-6060

CR2E037 (5/99)