

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000000154 (4)**  
1. Corporation Name  
**THE MUSEUM OF FLORIDA'S ART AND CULTURE, INC.**



Principal Place of Business: **13300 U.S. 98 SEBRING FL 33870**  
Mailing Address: **13300 U.S. 98 SEBRING FL 33870**

3. Date Incorporated or Qualified: **01/03/1994**  
3a. Date of Last Report: **03/20/1995**  
4. FEI Number: **59-3220256**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**  
**MACBETH, J R**  
**2543 U.S. 27 SOUTH**  
**SEBRING FL 33870**

**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		DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>FITCH, MICHAEL D</b>	
STREET ADDRESS	<b>145 W CENTER ST, PO BOX 511</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/>
NAME	<b>FITCH, JAMES E</b>	
STREET ADDRESS	<b>13300 US 98</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>ROBERTS, PETER P</b>	
STREET ADDRESS	<b>R-1, BOX 250 MARTIN LANE</b>	
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>STROUP, CHRLEEN</b>	
STREET ADDRESS	<b>1050 CRACKER HAMMOCK</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/>
NAME	<b>GRIMES, MERLENE</b>	
STREET ADDRESS	<b>632 S. BAY ST.</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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)(k), 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: **JAMES E. FITCH** 4-28-96 941-655-0392  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)