

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90003 046 ****61.25

DOCUMENT # N94000000154

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



2. Principal Place of Business

21 13238 US Hwy 98

2a. Mailing Address

26 Same

3. Date Incorporated or Qualified

01/03/1994

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

59-3220256

Applied For

Not Applicable

23 City & State

Sebring FL

28 City & State

29 33870 30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FITCH, MICHAEL D
STREET ADDRESS 145 W CENTER ST, PO BOX 511
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE VPD
NAME FITCH, JAMES E
STREET ADDRESS 13300 US 98
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE T
NAME ROBERTS, PETER P
STREET ADDRESS R-1, BOX 250 MARTIN LANE
CITY-ST-ZIP ZOLFO SPRINGS FL ☐ DELETE

TITLE S
NAME STROUP, CHARLEEN
STREET ADDRESS 1050 CRACKER HAMMOCK
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

7-12-99 941-655-0412

CR2E037 (5/99)