

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
Jul 23, 1999 8:00 am
Secretary of State

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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21	13238 US Hwy 98	26	Same	01/03/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3220256	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	Sebring FL	28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24	33870	29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MACBETH, J R 2543 U.S. 27 SOUTH SEBRING FL 33870				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITCH, MICHAEL D			1.2 NAME			
STREET ADDRESS	145 W CENTER ST, PO BOX 511			1.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITCH, JAMES E			2.2 NAME			
STREET ADDRESS	13300 US 98			2.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, PETER P			3.2 NAME			
STREET ADDRESS	R-1, BOX 250 MARTIN LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ZOLFO SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROUP, CHARLEEN			4.2 NAME			
STREET ADDRESS	1050 CRACKER HAMMOCK			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 _____ 7-12-99 941-655-0412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)