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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N94000000176**

1. Corporation Name

**MARITIME AND YACHTING MUSEUM OF THE TREASURE COA  
ST. INC.**

Principal Place of Business

3551 N.W. FEDERAL HWY  
JENSEN BEACH FL 34957  
US

Mailing Address

POST OFFICE BOX 1448  
STUART FL 34995  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/14/1993

4. FEI Number

59-3220394

Applied For

Not Applicable

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

**BURDICK, G.N.** **JOHN GEAR**  
**450 S.W. SALERNO RD** **2974 SE FARLEY RD.**  
**STUART FL 34997** **PORT ST. LUCIE, FL 34952**

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 *John Gear* **JOHN GEAR / PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE  
NAME **GRACE, RON**  
STREET ADDRESS **202 JEFFREY LANE**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **PD** ☐ DELETE  
NAME **BURDICK, G.N.**  
STREET ADDRESS **450 SW SALERNO ROAD**  
CITY-ST-ZIP **STUART FL**

TITLE **TD** ☐ DELETE  
NAME **BURDICK, NANCY**  
STREET ADDRESS **450 SW SALERNO ROAD**  
CITY-ST-ZIP **STUART FL**

TITLE **VPD** ☐ DELETE  
NAME **SEDLACK, RUSTY**  
STREET ADDRESS **115 S.E. RIO MAR CT**  
CITY-ST-ZIP **FT. ST. LUCIE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
1.2 NAME **JOHN GEAR**  
1.3 STREET ADDRESS **2974 SE FARLEY RD.**  
1.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

2.1 TITLE **1ST VICE PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
2.2 NAME **GEORGE JOHNSON**  
2.3 STREET ADDRESS **438 SE ASHLEY OAKS WAY**  
2.4 CITY-ST-ZIP **STUART, FL 34997**

3.1 TITLE **2ND VICE PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
3.2 NAME **STANLEY HUDDLESTON**  
3.3 STREET ADDRESS **334 CARDINAL WAY**  
3.4 CITY-ST-ZIP **STUART, FL 34996**

4.1 TITLE **SECRETARY, DIRECTOR** ☒ Change ☐ Addition  
4.2 NAME **SYLVIA CUNNINGHAM**  
4.3 STREET ADDRESS **10821 BOW LANE, THE HARBOR**  
4.4 CITY-ST-ZIP **HOBE SOUND, FL 33455**

5.1 TITLE **TREASURER, DIRECTOR** ☒ Change ☐ Addition  
5.2 NAME **DOROTHY BOHNERT**  
5.3 STREET ADDRESS **2600 E. OCEAN BLVD., APT. D-7**  
5.4 CITY-ST-ZIP **STUART, FL 34996**

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: *John Gear* **JOHN GEAR / PRESIDENT** 1/28/99 561-283-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)