FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # N9500003327 (2)

Mailing Address

FRIENDS OF THE HARRY S TRUMAN LITTLE WHITE HOUSE MUSEUM, INC.

330 WHITEHEAD ST 330 WHITEHEAD ST SUITE 220 SUITE 220 KEY WEST FL KEY WEST FL 3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0598660 330 Whitehead Street 330 Whitehead Street 21 Not Applicable Suite, Apt. #, etc.
Suite 200 Suite, Apt. #, etc. \$B.75 Additional 5. Certificate of Status Degred X Suite 200 Fee Required 22 City & State Key West, Florida City & State 6. Election Campaign Financing \$5.00 May Be Key West, Florida 23 28 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 33040 33040 Monroe Monroe Yes X No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name GRANT, KARLEEN A Street Address (P.O. Box Number is Not Acceptable) **B2** 330 WHITEHEAD ST 83 SUITE-220 SUITE 200 Suite 200 KEY WEST FL City Zip Code 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Director Change Addition TITLE 1.1 TIFLE Harold J. Walsh NAME WALSH, HAROLD J 1.2 NAME 513 Olivia Street STREET ADDRESS **5 HUTCHINSON LN** 1.3 STREET ADDRESS Key West, FL 33040 CITY-ST-ZIP KEY WEST FL 33040 1.4 CITY - ST- ZIP DELETE Change ☐ Addition 2 1 TITLE TITLE 2 2 NAME NAME GRANT, KARLEEN A 2 3 STREET ADDRESS STREET ADDRESS 330 WHITEHEAD ST SUITE 200 KEY WEST FL 33040 CITY-ST-ZIP 2 4 CITY - ST - ZIP Director DELETE Change Addition TITLE 31 TIFLE Teri D. Dale NAME 3.2 NAME DALE, TERI D 821 Windsor Lane STREET ADORESS 813 EATON STREET (R) 3.3 STREET ADDRESS Key West, FL 33040 KEY WEST FL 33040 3 4. CITY - ST - ZIP CITY - ST - ZIP Director DELETE Change XX Addition TITLE 4.1 TITLE Scott Saunders 4. 2 NAME NAME 201 Front Street 4.3 STREET ADDRESS STREET ADDRESS Key West, FL 33040 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 51 TIELE TITLE

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.

5.2 NAME

61 DILE

6.2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

4-25-96 305-294-9911

600001797696

***70.00

04/29/96 01026 007_{Change}

Daytime Phone #

CR2E037 (12/95)