

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **N95000003327 (2)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**330 WHITEHEAD ST
SUITE 200
KEY WEST FL 33040**

**330 WHITEHEAD ST
SUITE 200
KEY WEST FL 33040-6543**



3. Date Incorporated or Qualified
07/10/1995

3a. Date of Last Report
04/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 6443**

22 City & State

27 **Key West**

23 Zip Country

28 **33041 Monroe**

4. FEI Number
65-0598660

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRANT, KARLEEN A
330 WHITEHEAD ST
SUITE 200
KEY WEST FL**

81 Name

Hal Walsh

82 Street Address (P.O. Box Number is Not Acceptable)

513 OLIVIA STREET

83

84 City **Key West**

FL 85 33040

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 **Hal Walsh**

4-25-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **WALSH, HAROLD J**
STREET ADDRESS **513 OLIVIA ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **GRANT, KARLEEN A**
STREET ADDRESS **330 WHITEHEAD ST SUITE 200**
CITY-ST-ZIP **KEY WEST FL 33040**

1.2 NAME

TITLE **D** ☐ DELETE

NAME **DALE, TERI D**
STREET ADDRESS **821 WINDSOR LANE**
CITY-ST-ZIP **KEY WEST FL 33040**

1.3 STREET ADDRESS

TITLE **D** ☐ DELETE

NAME **SAUNDERS, SCOTT**
STREET ADDRESS **201 FRONT ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **2027 Flagler Avenue**

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 do 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 as an attachment with an address.

SIGNATURE: **Hal Walsh** **4-25-97** **305.294.9911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0024490**

CR2E037 (9/96)