

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003804 (0)

1. Corporation Name

THE MUSEUM OF MAN IN THE SEA, INCORPORATED



Principal Place of Business

Mailing Address

**17314 BACK-BEACH RD
PANAMA CITY BEACH FL 32413-2020**

**17314 BACK-BEACH RD—
PANAMA CITY BEACH FL 32413-2020**

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 17314 Panama City Beach

26 17314 Panama City Beach Pkwy

59-3329272

Applied For

Not Applicable

Suite, Apt. #, etc.

Pkwy

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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

HARDY, RONALD

**17314 BACK-BEACH RD—
PANAMA CITY BEACH FL 32413-2020—**

81 Name

Ronald Hardy

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

15412 Front Beach Road

83

84 City

Panama City Beach

FL

85 Zip Code
32413

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** ☐ DELETE
NAME **HARDY, RON**
STREET ADDRESS **6201 THOMAS DR**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **VD** ☐ DELETE
NAME **DAVIS, BONNIE**
STREET ADDRESS **92 DOLPHIN COVE**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **SD** ☐ DELETE
NAME **CULPEPPER, ANNE**
STREET ADDRESS **STAR ROUTE SF-19**
CITY-ST-ZIP **VERNON FL 32462**

TITLE **TD** ☐ DELETE
NAME **BRUHMULLER, WILLIAM N**
STREET ADDRESS **2159 BRIARWOOD CIR**
CITY-ST-ZIP **PANAMA CITY FL 32405**

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 ☐ 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 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.

SIGNATURE:

Bonnie Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(904) 230-3224

Daytime Phone #

CR2E037 (12/95)