

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003804 (0)**

1. Corporation Name

**THE MUSEUM OF MAN IN THE SEA, INCORPORATED**



Principal Place of Business <b>17314 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32413-2020 US</b>	Mailing Address <b>17314 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32413-2020 US</b>
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3. Date Incorporated or Qualified

**08/09/1995**

4. FEI Number

**59-3329272**

Applied For

Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDY, RONALD  
15412 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32413**

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

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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDY, RON</b>	1.2 NAME	
STREET ADDRESS	<b>6201 THOMAS DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL 32408</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, BONNIE</b>	2.2 NAME	
STREET ADDRESS	<b>92 DOLPHIN COVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FREEPORT FL 32439</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULPEPPER, ANNE</b>	3.2 NAME	
STREET ADDRESS	<b>STAR ROUTE SF-19</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VERNON FL 32462</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUHMLER, WILLIAM N</b>	4.2 NAME	
STREET ADDRESS	<b>2159 BRIARWOOD CIR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY FL 32405</b>	4.4 CITY - ST - ZIP	
TITLE		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		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.

SIGNATURE: *Bonnie Davis* **Bonnie Davis** 4/29/98 850-230-3224

CR2E037 (10/97)