


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90162 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003804					
1. Corporation Name THE MUSEUM OF MAN IN THE SEA, INCORPORATED					
Principal Place of Business 17314 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32413-2020 US			Mailing Address 17314 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32413-2020 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/09/1995 4. FEI Number 59-3329272 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--	--	--	--

9. Name and Address of Current Registered Agent HARDY, RONALD 15412 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413				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

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Hardy April 30, 1999

850/235-4101

Date

Daytime Phone #

CR2E037 (1/98)

0010142