

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 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 # N96000002146 (6)

1. Corporation Name

EXPO, THE CHILDREN'S MUSEUM OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

P O BOX 5951  
GAINESVILLE FL 32602

P O BOX 5951  
GAINESVILLE FL 32602-5951

3. Date Incorporated or Qualified

04/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

32627

25

29

32627-5951

4. FEI Number

54-3363654

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

WARD, PETER H  
4001 NEWBERRY RD, SUITE C-1  
GAINESVILLE FL 32607

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 ☐ DELETE

NAME MELZER, REGINA  
STREET ADDRESS 2914 NW 33RD PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605

1.1 TITLE PTD ☒ Change ☐ Addition

TITLE VD ☐ DELETE

NAME BOTTCHER, SUSAN  
STREET ADDRESS 3448 NW 12TH AVE  
CITY-ST-ZIP GAINESVILLE FL 32605

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MELZER, HERMAN  
STREET ADDRESS 2914 NW 33RD PL  
CITY-ST-ZIP GAINESVILLE FL 32605

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☒ DELETE

NAME BEEHLER, LYNNE  
STREET ADDRESS 4610 NW 35TH RD  
CITY-ST-ZIP GAINESVILLE FL 32606

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

REGINA MELZER, President Feb 18, 1997

Date

Daytime Phone #0010740

CR2E037 (9/96)