


FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002146 (6)**  
1. Corporation Name  
**EXPO, THE CHILDREN'S MUSEUM OF GAINESVILLE, INC.**



Principal Place of Business <b>P O BOX 5951 GAINESVILLE FL 32627 US</b>	Mailing Address <b>P O BOX 5951 GAINESVILLE FL 32627-5951 US</b>
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3. Date Incorporated or Qualified <b>04/19/1996</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number <b>54-3363654</b>	Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</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 <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>WARD, PETER H 4001 NEWBERRY RD, SUITE C-1 GAINESVILLE FL 32607</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE
NAME <b>MELZER, REGINA</b>	
STREET ADDRESS <b>2914 NW 33RD PLACE</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>BOTTCHER, SUSAN</b>	
STREET ADDRESS <b>3448 NW 12TH AVE</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32605</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MELZER, HERMAN</b>	
STREET ADDRESS <b>2914 NW 33RD PL</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32605</b>	
TITLE <b>Director</b>	<input checked="" type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION
NAME <b>Philip Kabler</b>	
STREET ADDRESS <b>3011 NW 25th Terrace</b>	
CITY-ST-ZIP <b>Gainesville FL 32605</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>V-P-D</b>	
1.3 STREET ADDRESS <b>MELZER REGINA</b>	
1.4 CITY-ST-ZIP <b>2914 NW 33rd Place 32605</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>P-D SUSAN BOTTCHER</b>	
2.3 STREET ADDRESS <b>3448 NW 12th Ave</b>	
2.4 CITY-ST-ZIP <b>32605</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Philip Kabler</b>	
3.3 STREET ADDRESS <b>3011 NW 25th Terrace</b>	
3.4 CITY-ST-ZIP <b>Gainesville, FL 32605</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Susan Bottcher** **Susan Bottcher** **4-8-98** **352-378-5422**

CR2E037 (10/97)