FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000003288 (5)

JACKSONVILLE FIRE MUSEUM SOCIETY, INC.

Principal Place of Business Mailing Address 107 MARKET STREET JACKSONVILLE FL 32202 107 MARKET STREET 3. Date Incorporated or Qualified JACKSONVILLE FL 32202 4. FEI Number 2. Principal Place of Business 2a, Mailing Address 5. Certificate of Status Desired 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing 22 City & State City & State 7. Is this nonprofit corporation a homeowners association?

28

Yes

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

(904)630-2463

06/19/1996

59-3389665

Trust Fund Contribution

FILED

Feb 06 1998 8:00am

Secretary of State

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24 25 29 30 9, Name and Address of Current Registered Agent								Personal Property Tax due June 30. Yes No													
	9. Name	and Address of C	Jurrent Ke	gistered Agent		81	10. Name and Address of New Registered Agent														
						0,	Name														
PEAVY,	82	2 Street Address (P.O. Box Number is Not Acceptable)							- 1												
107 MARKET STREET																					
JACKSO	83																				
			84	City							85 Zir	o Coc	<u></u>								
										FI	L [] .										
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 Signature, hood or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE															<u> </u>					
	Signature, typed																				
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NAME	PEAVY, JOHN M					1.2 NAME		HARI	<i>-</i>	1/200	6641		,								
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NAME	DOOLITTLE, WAYNE L																				
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CITY-ST-ZIP																					
indicated officer or o	on this annua director of the	al report or supplet e corporation or the	mental ann e receiver o	ual report is tru or trustee empo	e and accura wered to exe	ite and tha	ıt mv sia	mature sha	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.												