

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005762 (7)

1. Corporation Name

THE FRIENDS OF THE MUSEUMS, INC.

Principal Place of Business

139 SE MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

Mailing Address

139 SE MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548-58173. Date Incorporated or Qualified
11/07/1996

3a. Date of Last Report

4. FEI Number

59-3420895

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARON, DONALD W
139 SE MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

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

Donald W. Sharon

Donald W. Sharon

4-25-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D MYERS, SUSAN S ☒ DELETE
NAME
STREET ADDRESS 249 YACHT CLUB DR
CITY-ST-ZIP FT WALTON BEACH FL 32548TITLE D SHARON, DONALD W ☐ DELETE
NAME
STREET ADDRESS 337 A LEWIS ST
CITY-ST-ZIP FT WALTON BEACH FL 32547TITLE D BROWN, GRACE E ☐ DELETE
NAME
STREET ADDRESS 307 BRIARWOOD CR NW
CITY-ST-ZIP FT WALTON BEACH FL 32548TITLE D NEWBOLD, VI ☐ DELETE
NAME
STREET ADDRESS 519 MOONEY RD
CITY-ST-ZIP FT WALTON BEACH FL 32547TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE D Balanzategui, Patricia ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 325 Sudduth Circle
1.4 CITY-ST-ZIP Ft. Walton Beach, FL 325482.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE D Pam Mathews ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS 407 Wildwood Ave
5.4 CITY-ST-ZIP Mary Esther, FL 325696.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

863-9503

Date

Daytime Phone # 0073924

CP2E037 (9/96)