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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005762 (7)

1. Corporation Name

THE FRIENDS OF THE MUSEUMS, INC.



Principal Place of Business

Mailing Address

139 SE MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

139 SE MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

59-3420895

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 The Friends of the Museums, Inc.

2a The Friends of the Museums, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 139 SE Miracle Strip Pkwy

27 139 SE Miracle Strip Pkwy

City & State

City & State

23 FWB, FL

28 FWB, FL

Zip

Country

24 32548

25 Okaloosa

Zip

Country

29 32548

30 Okaloosa

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

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

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 ☐ DELETE

NAME BALANZATEGUI, PATRICIA
STREET ADDRESS 325 SUDDUTH CIRCLE
CITY-ST-ZIP FT. WALTON BEACH FL 32548

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Vickie Pruitt m.
1.3 STREET ADDRESS 25 Yacht Club Drive #3
1.4 CITY-ST-ZIP Ft Walton Bch, FL 32548

TITLE ☐ DELETE

NAME SHARON, DONALD W
STREET ADDRESS 337 A LEWIS ST
CITY-ST-ZIP FT WALTON BEACH FL 32547

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME JOHN JANSSEN J
2.3 STREET ADDRESS 357 86th PK #205
2.4 CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE ☐ DELETE

NAME BROWN, GRACE E
STREET ADDRESS 307 BRIARWOOD CR NW
CITY-ST-ZIP FT WALTON BEACH FL 32548

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME NEWBOLD, VI
STREET ADDRESS 519 MOONEY RD
CITY-ST-ZIP FT WALTON BEACH FL 32547

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME MATHEWS, PAM
STREET ADDRESS 407 WILDWOOD AVE
CITY-ST-ZIP MARY ESTHER FL 32569

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Sharon, Donald W. (Vi Newbold - 3-1-1) 5-22-98 850-863-9503

CR2E037 (10/97)