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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005762

1. Corporation Name

THE FRIENDS OF THE MUSEUMS, INC.

Principal Place of Business

139 SE MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548
US

Mailing Address

139 SE MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/07/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3420895
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution
	29	<input type="checkbox"/> \$5.00 May Be Added to Fees
	30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALANZATEGUI, PATRICIA	1.2 NAME	Vickie M. Pruitt
STREET ADDRESS	325 SUDDUTH CIRCLE	1.3 STREET ADDRESS	25 Yacht Club Dr. #3
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	Fr. Walton Bch, FL 32548
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON, DONALD W	2.2 NAME	
STREET ADDRESS	337 A LEWIS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GRACE E	3.2 NAME	
STREET ADDRESS	307 BRIARWOOD CR NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBOLD, VI	4.2 NAME	
STREET ADDRESS	519 MOONEY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, PAM	5.2 NAME	
STREET ADDRESS	407 WILDWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL 32569	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, JOHN	6.2 NAME	Tommy Aboud
STREET ADDRESS	357 GLEN DR, #2005	6.3 STREET ADDRESS	3857 Indian Trail #403
CITY-ST-ZIP	FT WALTON FL 32547	6.4 CITY-ST-ZIP	Destin, FL 32541

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Date

850
243-4674

Daytime Phone #

CR2E037 (11/98)