2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600005762

THE FRIENDS OF THE MUSEUMS, INC.

		_
Principal Place of Business	Mailing Address	
139 SE MIRACLE STRIP PKWY FT WALTON BEACH FL 32548 US	139 SE MIRACLE STRIP PKWY FT WALTON BEACH FL 32548-5817	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_
City & State	City & State	
Zip · Country	Zip Country	_

FILED Jun 06, 2000 8:00 am Secretary of State

06-06-2000 90481 023 ****61.25



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Suite, Apt. #, etc.		Suite, Apt.	#, etc.				DO NOT WRITE II	N THIS SPACE	
City & State		City & State)	•		4. FEI Numb	er 59-3420895		Applied For Not Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired
	Name and Address of Current R	egistered Ager	ıt -			7. Name and	Address of New Regi	stered Agent	
	THON	nas S	Pec	e Nam	9				
Child Co. and Co. Co. Children (DO Boy Number in Not Accomptable)									
SHARON, DONALD W GTOFIDE CODE ET Street Address (P.O. Box Multipler is Not Acceptable) 139 SE MIRACLE STRIP PKWY MARY ES THERE									
FT WALTON BE									
/	\ / \	Jew)	32569	City				FL Zip	Code
(Deceps									
	d entity submits this statement for t	he purpose of o	changing its r	egistered office	or register	red agent, or bot	th, in the state of Florida	l.	
55,0	and the post of the control of the c	,							
SIGNATURE	re, typed or printed name of registered agent and	title if applicable.	(NOTE:	Registered Agent sig	nature required	when reinstating)		DATE	
	<u> </u>			····					
	FILE NOW: EE IS \$61.25		n Campaign und Contribu	· · ·	\$5.0 Added	May Be d to Fees		heck Payable tment of Sta	
10.	OFFICERS AND DIRE	CTORS		11.		ADDITIONS/CH	ANGES TO OFFICERS	AND DIRECTOR	S IN 10
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NAME PRUI	TT, VICKIE M			NAME					
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···	HEWS, PAM	Ц	Detete	NAME				_ Onan	ige
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	Y ESTHER FL 32569			CITY-ST-ZIP					}
TITLE V	÷,	. 🗆	Delete	TITLE .				Chan	ige 🔲 Addition
	OD, TOMMY			NAME	1				į
	INDIAN TRAIL #403			STREET ADDRES	s J				1
CITY-ST-ZIP DEST	TIN FL 32541	da Killiana Israa		CITY-ST-ZIP	1	-4 110 07/01	(i) Florida Statutas 1 fur	the account to the count	ho information

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: