

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-03-2001 90041 009 ****61.25

DOCUMENT # N96000005762

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3420895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

L
PEETE, THOMAS S
640 AVE COVE CT
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name

Mathews, James

Street Address (P.O. Box Number is Not Acceptable)

407 Wildwood St.

City

Mary Esther**FL**

Zip Code

32569

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

James Mathews, Director

Signature, typed or printed name of registered agent and title if applicable.

James Mathews

(NOTE: Registered Agent signature required when reinstating)

Jan. 10, 2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **PRUITT, VICKIE M**
 STREET ADDRESS **25 YACHT CLUB DR #3**
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☒ Delete
 NAME **SHARON, DONALD W**
 STREET ADDRESS **337 A LEWIS ST**
 CITY-ST-ZIP **FT WALTON BEACH FL 32547**

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

TITLE **D** ☒ Delete
 NAME **NEWBOLD, VI**
 STREET ADDRESS **519 MOONEY RD**
 CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE **D** ☒ Delete
 NAME **MATHEWS, PAM**
 STREET ADDRESS **407 WILDWOOD AVE**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **V** ☒ Delete
 NAME **ABOOD, TOMMY**
 STREET ADDRESS **3857 INDIAN TRAIL #403**
 CITY-ST-ZIP **DESTIN FL 32541**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **R D** ☒ Change ☐ Addition
 NAME **Mathews, James**
 STREET ADDRESS **407 Wildwood St.**
 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **X D** ☒ Change ☐ Addition
 NAME **Peele, Tom**
 STREET ADDRESS **640 Pine Cone Ct.**
 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **S D** ☒ Change ☐ Addition
 NAME **Kaiser, Betty**
 STREET ADDRESS **5480 Mt. Olive Road**
 CITY-ST-ZIP **Crestview, FL 32539**

TITLE **S D** ☒ Change ☐ Addition
 NAME **Compos, Dennis**
 STREET ADDRESS **334 Morgan Lane**
 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **R D** ☒ Change ☐ Addition
 NAME **Mathews, Pam**
 STREET ADDRESS **407 Wildwood Ave.**
 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **R D** ☒ Change ☐ Addition
 NAME **Abood, Tommy**
 STREET ADDRESS **3857 Indian Trail #403**
 CITY-ST-ZIP **Destin, FL 32541**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Mathews
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Mathews**Jan. 10, 2001 (850) 243-5992**

Date

Daytime Phone #

CR2E037 (10/00)