

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90171 025 ****61.25

DOCUMENT # N96000005762

1. Entity Name

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**MATHEWS, JAMES
 407 WILDWOOD STREET
 MARY ESTHER FL 32569**

Name
Dennis Compos

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

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

Dennis Compos, Chairman

2/13/02

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Chris Gibson**
 STREET ADDRESS **P.O. Box 700**
 CITY-ST-ZIP **Fort Walton Beach, FL 32549**

TITLE **D** ☐ Delete
 NAME **PEELE, TOM**
 STREET ADDRESS **640 PINE CONE COURT**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☐ Change ☒ Addition
 NAME **Vi Newbold**
 STREET ADDRESS **519 Mooney Road**
 CITY-ST-ZIP **Fort Walton Beach, FL 32547**

TITLE **D** ☐ Delete
 NAME **KAISER, BETTY**
 STREET ADDRESS **5480 MT OLIVE ROAD**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COMPOS, DENNIS**
 STREET ADDRESS **334 MORGAN LANE**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Compos

2/13/02

581-3380

Date

Daytime Phone #

CR2E037 (9/01)