

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90025 038 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3420895	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMPOS, DENNIS 334 MORGAN LANE MARY ESTHER, FL 32569			Name BILLY F. LUCAS Street Address (P.O. Box Number is Not Acceptable) 333 PERSIMMON ST. City FORT WALTON BEACH FL 32439		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Billy F. Lucas</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Billy F. Lucas</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 2-11-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GIBSON, CHRIS P.O. BOX 700 FORT WALTON BEACH, FL 32549		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANGELA SNOWBALL 349 E. BROOKS ST. FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PEELE, TOM 640 PINE CONE COURT MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete KAISER, BETTY 5480 MT OLIVE ROAD CRESTVIEW, FL 32539		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PAT BALANZATEQUI 169 MONAHAN DR. FORT WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete COMPOS, DENNIS 334 MORGAN LANE MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BILLY F. LUCAS 333 PERSIMMON ST. FREEPORT, FL 32439	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Delete ABOOD, TOMMY 3857 INDIAN TRAIL #403 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NELDA SEEVER 7159 SIESTA ST. NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Angela Snoball</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>ANGELA SNOWBALL</u>		Date 3-22-04	
				Daytime Phone # 850-243-7393	

J4023313



02112004 Chg-NP CR2E037 (10/03)

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

Name **BILLY F. LUCAS**
 Street Address (P.O. Box Number is Not Acceptable)
333 PERSIMMON ST.
 City **FORT WALTON BEACH** **FL** **32439**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Billy F. Lucas
Signature, typed or printed name of registered agent and title if applicable.
 (NOTE: Registered Agent signature required when reinstating)
 DATE **2-11-04**

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ Delete
GIBSON, CHRIS
P.O. BOX 700
FORT WALTON BEACH, FL 32549

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ Delete
PEELE, TOM
640 PINE CONE COURT
MARY ESTHER, FL 32569

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☒ Delete
KAISER, BETTY
5480 MT OLIVE ROAD
CRESTVIEW, FL 32539

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☒ Delete
COMPOS, DENNIS
334 MORGAN LANE
MARY ESTHER, FL 32569

V ☒ Delete
ABOOD, TOMMY
3857 INDIAN TRAIL #403
DESTIN, FL 32541

VD ☒ Change ☐ Addition
NELDA SEEVER
7159 SIESTA ST.
NAVARRE, FL 32566

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: Angela Snoball
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA SNOWBALL

Date **3-22-04**

Daytime Phone # **850-243-7393**