

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005762 1. Entity Name THE FRIENDS OF THE MUSEUMS, INC.	
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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
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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3420895	Applied for Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LUCAS, BILLY F 333 PERMISSION ST. FREEPORT, FL 32439
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

000000502521
04/26/06-80011-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, CHRIS P.O. BOX 700 FORT WALTON BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEELE, TOM 640 PINE CONE COURT MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNOWBALL, ANGELA 349 E BROOKS ST. FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALANZATEQUI, PAT 169 MONAHAN DR. FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, BILLY F 333 PERMISSION ST. FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEEVER, NELDA 7159 SIESTA ST. NAVARRE, FL 32566

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Billy F. Lucas Billy F. Lucas 4/10/06 850-897-3759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #