


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90005 044 \*\*\*\*61.25

<b>DOCUMENT # N96000005762</b> 1. Entity Name <b>THE FRIENDS OF THE MUSEUMS, INC.</b>					
Principal Place of Business <b>139 SE MIRACLE STRIP PKWY FT WALTON BEACH, FL 32548 US</b>				Mailing Address <b>139 SE MIRACLE STRIP PKWY FT WALTON BEACH, FL 32548</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03112008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-3420895</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LUCAS, BILLY F 333 PERMISSION ST. FREEPORT, FL 32439</b>				7. Name and Address of New Registered Agent Name <b>Anna Peele</b> Street Address (P.O. Box Number is Not Acceptable) <b>640 Pine Cone Ct.</b> <b>Mary Esther</b> City <b>FL</b> Zip Code <b>32569</b>	
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 <b>Anna Peele, chairman Anna Peele</b> <span style="float: right;">3/12/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>GIBSON, CHRIS P.O. BOX 700 FORT WALTON BEACH, FL 32549</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COMPOS, DENNIS 334 MORGAN LANE MARY ESTHER, FL 32569</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>SNOWBALL, ANGELA 349 E BROOKS ST. FORT WALTON BEACH, FL 32548</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>BALANZATEQUI, PAT 169 MONAHAN DR. FORT WALTON BEACH, FL 32547</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>LUCAS, BILLY F 333 PERMISSION ST. FREEPORT, FL 32439</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>SEEVER, NELDA 7159 SIESTA ST. NAVARRE, FL 32566</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Peele, Anna 640 Pine Cone Ct. Mary Esther, FL 32569</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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.					
<b>SIGNATURE: Anna Peele Anna Peele</b> <span style="float: right;">3/12/08 (850) 581-2333</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					