


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005808 (8)**

1. Corporation Name

**THE FOUNDATION FOR THE NEW SMYRNA MUSEUM OF HISTORY SOUTHEAST VOLUSIA COUNTY, INC.**

Principal Place of Business

Mailing Address

**201 SAMS AVENUE  
NEW SMYRNA BEACH FL 32168**

**201 SAMS AVENUE  
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** 200 So. Orange Street

**22** City & State

**27** New Smyrna Beach, FL 32168

**23** Zip

**28** Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/08/1996**

3a. Date of Last Report

4. FEI Number

**31-1506438**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

7. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**WRIGHT, THOMAS D ESQ.  
340 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President D** ☐ DELETE  
NAME **Stewart Mitchell**  
STREET ADDRESS **308 Flagler Avenue**  
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **Vice-President D** ☐ DELETE  
NAME **Sandi Harper**  
STREET ADDRESS **703 East Third Avenue**  
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **Secretary D** ☐ DELETE  
NAME **Barbara Herrin**  
STREET ADDRESS **465 Wildwood Drive**  
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **Treasurer D** ☐ DELETE  
NAME **Michael D. Halsema**  
STREET ADDRESS **200 South Orange Street**  
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **30000023172008** ☐ Addition  
2.2 NAME **-10/10/97--01094--013**  
2.3 STREET ADDRESS **\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Michael D. Halsema*  
Michael D. Halsema, Treasurer

9-6-97

904 427  
3412

CR2E037 (4/97)