

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90022 044 ****61.25

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DOCUMENT # N96000005808

1. Corporation Name

THE FOUNDATION FOR THE NEW SMYRNA MUSEUM OF HIST
ORY SOUTHEAST VOLUSIA COUNTY, INC.

Principal Place of Business

~~201 S. ORANGE STREET~~
NEW SMYRNA BEACH FL 32168

Mailing Address

~~200 S. ORANGE STREET~~
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/08/1996

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

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 PD ☒ DELETE
NAME MITCHELL, STEWART
STREET ADDRESS 308 FLAGLER AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE VPD ☒ DELETE
NAME HARPER, SANDI
STREET ADDRESS 703 WEST THIRD AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE SD ☒ DELETE
NAME HERRIN, BARBARA
STREET ADDRESS 465 WILDWOOD DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE TD ☒ DELETE
NAME HALSEMA, MICHAEL D
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 PRESIDENT ☒ Change ☐ Addition
1.2 NAME CAROLYN F. BOSIGER (D)
1.3 STREET ADDRESS 4220 GULL COVE
1.4 CITY-ST-ZIP NEW SMYRNA Bch, FL 32169

2.1 TITLE SECRETARY ☒ Change ☐ Addition
2.2 NAME JUDITH L. BURROWS (D)
2.3 STREET ADDRESS 682 ST. ANDREWS CIR.
2.4 CITY-ST-ZIP NEW SMYRNA Bch, FL 32168

3.1 TITLE TREASURER (D) ☒ Change ☐ Addition
3.2 NAME PEGGY WILBURN
3.3 STREET ADDRESS 4301 S. ATLANTIC AVE. #507
3.4 CITY-ST-ZIP NEW SMYRNA Bch, FL 32169

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 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, with all other like empowered.

SIGNATURE:

CAROLYN F. BOSIGER - 2/16/99 904-423-9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)