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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000002114

1. Corporation Name

MIDDLEBURG HISTORICAL MUSEUM, INC.

Principal Place of Business

3912 SECTION STREET
 MIDDLEBURG FL 32050-0994

Mailing Address

P.O. BOX 994
 MIDDLEBURG FL 32050-0994



2. Principal Place of Business

21 **3912 Section Street**
 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

59-3440126

Applied For

Not Applicable

City & State

23 **Middleburg, FL**

City & State

28

Zip

24 **32068**

Country

Zip

29

Country

30

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

STUBBS, RICHARD C
3817 FOREST DRIVE
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name

Taylor, Marilyn

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

2863 Blanding Blvd.

83

84 City

Middleburg

FL

85 Zip Code
32068

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

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHONEY, JUDY F	
STREET ADDRESS	2125 PALMETO STREET	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WEBSTER, SUSAN M	
STREET ADDRESS	4152 SCENIC DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	STUBBS, RICHARD C	
STREET ADDRESS	3817 FOREST DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MUELLER, PATRICIA J	
STREET ADDRESS	3916 MAIN STREET	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, EDNA MASTERS	
STREET ADDRESS	2155 WHARF STREET	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mahoney, Judy F	
1.3 STREET ADDRESS	2125 Palmetto Street	
1.4 CITY-ST-ZIP	Middleburg, FL 32068	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Taylor, Charles	
2.3 STREET ADDRESS	2863 Blanding Blvd.	
2.4 CITY-ST-ZIP	Middleburg, FL 32068	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Taylor, Marilyn	
3.3 STREET ADDRESS	2863 Blanding Blvd.	
3.4 CITY-ST-ZIP	Middleburg, FL 32068	
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mueller, Patricia J	
4.3 STREET ADDRESS	3916 Main Street	
4.4 CITY-ST-ZIP	Middleburg, FL 32068	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marilyn Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 1999 (904) 282-5040
 Date Daytime Phone #

CR2E037 (1/98)