


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90034 017 \*\*\*\*61.25

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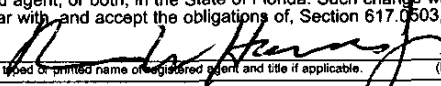
NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000007044</b>					
1. Corporation Name <b>THE CIVIL WAR SOLDIERS MUSEUM FOUNDATION, INC.</b>					
Principal Place of Business <b>108 SOUTH PALAFOX STREET PENSACOLA FL 32501</b>			Mailing Address <b>108 SOUTH PALAFOX STREET PENSACOLA FL 32501</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>5142 N. 9th Ave.</b>		01/01/1998	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 <b>Suite 201</b>		59-3035598	
24 Country		29 <b>Pensacola FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	
		30 <b>32504</b>		8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HAINES, NORMAN W JR 108 SOUTH PALAFOX STREET PENSACOLA FL 32501</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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:  DATE: **1/26/99**

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>PD</b>				1.1 TITLE			
NAME <b>HAINES, NORMAN W JR</b>				1.2 NAME			
STREET ADDRESS <b>4591 CANOPY ROAD</b>				1.3 STREET ADDRESS			
CITY-ST-ZIP <b>PENSACOLA FL 32504</b>				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>D</b>				2.1 TITLE			
NAME <b>GREENHUT, BILL</b>				2.2 NAME			
STREET ADDRESS <b>4445 D'EVEREUX DRIVE</b>				2.3 STREET ADDRESS			
CITY-ST-ZIP <b>PENSACOLA FL 32503</b>				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>VSTD</b>				3.1 TITLE			
NAME <b>HAINES, SUSAN B</b>				3.2 NAME			
STREET ADDRESS <b>4591 CANOPY ROAD</b>				3.3 STREET ADDRESS			
CITY-ST-ZIP <b>PENSACOLA FL 32504</b>				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)