

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90027 026 ****61.25

DOCUMENT #

1. Corporation Name

CIVIL WAR SOLDIERS MUSEUM FOUNDATION INC

Principal Place of Business

SOUTH
108 PALAFOX PLACE
PENSACOLA, FL 32501

Mailing Address

SOUTH
108 PALAFOX PLACE
PENSACOLA, FL 32501

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	1/1/98	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3555019	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

NORMAN W HAINES JR
4591 CANOPY ROAD
PENSACOLA, FL 32504

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT - DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN W HAINES JR	1.2 NAME	
STREET ADDRESS	4591 CANOPY ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA, FL 32504	1.4 CITY-STATE-ZIP	
TITLE	VICE PRESIDENT - TRUSTEE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN C HAINES	2.2 NAME	
STREET ADDRESS	4591 CANOPY ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA, FL 32504	2.4 CITY-STATE-ZIP	
TITLE	SECRETARY/TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN HAINES	3.2 NAME	
STREET ADDRESS	4591 CANOPY ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA, FL 32504	3.4 CITY-STATE-ZIP	
TITLE	TRUSTEE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL GREENHUT	4.2 NAME	
STREET ADDRESS	4444 D'EVEREAUX DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA, FL 32514	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

3/25/99 850 469-1900