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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000002451

1. Corporation Name

NATIONAL MUSEUM OF GARDENS, INC.

421840 - 90258 - 21

Principal Place of Business

634 WOODWARD STREET  
ORLANDO FL 32803

Mailing Address

634 WOODWARD STREET  
ORLANDO FL 32803



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3518415

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

CLOOS, GREGORY P  
634 WOODWARD STREET  
ORLANDO FL 32803

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 D  
NAME CLOOS, GREGORY P A.S.L.A.  
STREET ADDRESS 634 WOODWARD STREET  
CITY-ST-ZIP ORLANDO FL 32803

TITLE D  
NAME BERRIEN, BRUCE  
STREET ADDRESS 172 DIRNELL AVENUE  
CITY-ST-ZIP ROSILINDALE MA 02131

TITLE D  
NAME SIEFERT, CHRISTOPHER  
STREET ADDRESS 677 NORTH 9TH STREET  
CITY-ST-ZIP BATON ROUGE LA 70802

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, C  
1.2 NAME CLOOS, GREGORY P. A.S.L.A.  
1.3 STREET ADDRESS 634 WOODWARD STREET  
1.4 CITY-ST-ZIP ORLANDO, FL 32803

2.1 TITLE D, T  
2.2 NAME BERRIEN, BRUCE  
2.3 STREET ADDRESS 172 DURNELL AVE.  
2.4 CITY-ST-ZIP ROSILINDALE, MA 02131

3.1 TITLE D, S  
3.2 NAME SIEFERT, CHRISTOPHER  
3.3 STREET ADDRESS 7447 SCHUYER AVE. 1ST FLOOR  
3.4 CITY-ST-ZIP PITTSBURGH, PA 15218

4.1 TITLE V  
4.2 NAME ANNETTE CLOOS, ANNETTE  
4.3 STREET ADDRESS 634 WOODWARD STREET  
4.4 CITY-ST-ZIP ORLANDO, FL 32803

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

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GREGORY P. CLOOS

4-23-99

Date

407-678-0888

Daytime Phone #

CR2E037 (1/98)

001694