

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003512

**Entity Name:** SPADY CULTURAL HERITAGE MUSEUM, INC.**Current Principal Place of Business:**170 NW 5TH AVENUE  
DELRAY BEACH, FL 33444**Current Mailing Address:**170 NW 5TH AVENUE  
DELRAY BEACH, FL 33444 US**FEI Number:** 65-0687303**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARRINGTON, CHARLENE  
170 NW 5TH AVENUE  
DELRAY BEACH, FL 33444 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** VERA R. FARRINGTON

01/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WHIGHAM, BILL  
Address 12299 PLEASANT GREEN WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title 1ST VP  
Name VAUGHN, CLARENCE  
Address 17650 WOODVIEW TERR.  
City-State-Zip: BOCA RATON FL 33487

Title S  
Name SHULER, BARBARA DR.  
Address 12881 COCOA PINE DR  
City-State-Zip: BOYNTON BEACH FL 33436

Title D  
Name FARRINGTON, VERA R.  
Address 310 NW 2 AVE  
City-State-Zip: DELRAY BEACH FL 33444

Title MUSEUM DIRECTOR  
Name FARRINGTON, CHARLENE  
Address 170 NW 5TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

Title FINANCE AND DEVELOPMENT  
OFFICER  
Name BLAKE, SHARON R.  
Address 170 NW 5TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

Title TREASURER  
Name HAYM, LOUIS  
Address 151 NE 5TH AVENUE, UNIT 404  
City-State-Zip: DELRAY BEACH FL 33483

Title 2ND VP  
Name RHODD, COLLEEN  
Address 190 SE 5TH AVE, APT 479  
City-State-Zip: DELRAY BEACH FL 33483

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON BLAKEFINANCE AND  
DEVELOPMENT OFFICER

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date