

2020 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:** Yes**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

01/31/2020

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 D
Name STRAGHN, ALFRED
Address 26 SW 5TH AVE
City-State-Zip: DELRAY BEACH FL 33444

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 JONES, 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

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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

01/31/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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