

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moynihan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

**DOCUMENT # 732469 (2)**

1. Corporation Name  
**MUSEUM OF SOUTHERN HISTORY, INC.**

95 MAY -1 AM 9:47

Principal Place of Business Mailing Address  
**4304 HERSCHEL ST JACKSONVILLE FL 32210 US**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3. Date of Incorporation or Date of Last Report  
**04/15/1975 03/31/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-1662145**  
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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, R. G  
4719 ARAPHOE AVE  
JACKSONVILLE FL 32210**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CD</b>
NAME	<b>SNYDER, MICHAEL B</b>
STREET ADDRESS	<b>4584 ORTEGA BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b>
NAME	<b>TAYLOR, BETTY J</b>
STREET ADDRESS	<b>2925 BRIDLEWOOD LN</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>PD</b>
NAME	<b>EVANS, R. GARY</b>
STREET ADDRESS	<b>4719 ARAPHOE AVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>SEPIA, M. FRED</b>
STREET ADDRESS	<b>6000 SAN JOSE BLVD 9A</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>MILNE, JACK F</b>
STREET ADDRESS	<b>1843 CHALLEN AVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SD</b>
NAME	<b>BOND, JOHN R B.</b>
STREET ADDRESS	<b>7407 HENNESSY RD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Betty J. Taylor* Betty J. Taylor, Treas 4/28 95 (904) 388-3574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

732-4169

Museum of Southern History  
4304 Herschel St. Jacksonville, Florida  
Page 2 Directors Cont'd

D  
Smyth, Jack  
Rt 24 Box 4560  
Baldwin, Fla 32234

D  
Rhyne, J. Bert  
5831 Michigan Ave  
Jacksonville, Fla 32211

D  
May, James  
1573 Edgewood Ave S  
Jacksonville, Fla. 32205

D  
Clark, Joe B. Jr  
4919 Prince Edward Rd  
Jacksonville, Fla. 32210

D  
Milam, Rev George W  
3550 Oak St  
Jacksonville, Fla. 32205

D  
Love, Joseph B  
4630 Apache Ave  
Jacksonville, Fla. 32210

D \*  
Thrush, John  
Rt 1, Box 683  
Bryceville, Fla. 32009

D \*  
Hyde, Jerry J.  
4233 Oristano Rd  
Jacksonville, Fla. 32244

D \*  
Boyer, Tyrie A  
200 E. Forsyth St  
Jacksonville Fla. 32202

D \*  
Fulgham, Dr. James E  
4831 Avon Lane  
Jacksonville, Fla. 32210

D \*  
Howey, William J.  
4118 Nisidian St  
Jacksonville, Fla. 32210

D \*  
Tyler, Timothy M  
216 Druid St  
Jacksonville Fla. 32205

D \*  
Lorentzson, Joseph L  
4269 Longfellow St.  
Jacksonville Fla. 32210

\* denotes additions in 1995

Following removed from 1994 list

D  
Bromberg, C. Clayton  
4911 Apache Ave  
Jacksonville Fla 32210

D  
Schnauss, Dr. Roy  
4344 Ortega Forest Dr  
Jacksonville Fla. 32210

D  
Ferguson, Dr. Emmet F.  
2262 River Blvd  
Jacksonville, Fla. 32204