2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90112 007 ****61.25

DOCUMENT # 740790

1. Entity Name
AMELIA ISLAND MUSEUM OF HISTORY, INC.

400-

Principal Place of Business	Mailing Address
233 S. 3RD ST. FERNANDINA BEACH, FL 32034	233 S. 3RD ST. FERNANDINA BEACH, FL 32034

01162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1867595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, JOSEPH P 863 SOUTH FLETCHER FERNANDINA BEACH, FL 32034	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATWOOD, CALVIN 9 SWEETWATER OAKS FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMER, ROBERT 119 N. 4TH ST. FERN BCH, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LITTLE, SUSAN 1863 OCEAN VILLAGE DRIVE FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORK, LEAH 4659 GENOA DR. AMELIA ISL, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D MCCABE, JOY 1792 JACKSON COURT FERNANDINA BEACH, FL 32034	~~Delete~~ OK	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OFELDT, FRANK 2601 ATLANTIC AVE FERN BCH, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JAN 4665 GENOA DR FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PANELLA, PATRICIA 24 WILD GRAPE RD. FERN BCH, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDERSON, JOSEPH P 863 SOUTH FLECTHER FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RASER, WILLIAM 1522 INVERNESS RD. FERN BCH, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BIRDSONG, WILLIAM 407 PORTSIDE DRIVE FERNANDINA BEACH, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHEFFIELD, GEORGE 1560 CANOPY DR FERN BCH, FL 32034	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Anderson JOSEPH ANDERSON DIRECTOR/TREASURER 1-15-07 904 321 4227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D REIDINGER, FRANK
1638 REGATTA DR.

D HARLOW, DAVID
95121 MACKENAS CIR.
AMELIA ISL, FL