

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704589

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA PIONEER MUSEUM, INC.

Current Principal Place of Business:

826 N KROME AVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

FLORIDA PIONEER MUSEUM
P O BOX 343312
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: 59-1455407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

H LAWRENCE WIGGINS III
1400 L JEFFERSON DR
HOMESTEAD, FL 33034 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JENSEN, ROBERT
Address: 18640 SW 295TH TERR
City-St-Zip: HOMESTEAD FL,

Title: T () Delete
Name: NAUMANN, BOB
Address: 17951 SW 296 ST
City-St-Zip: HOMESTEAD FL,

Title: S () Delete
Name: MUNZ, MARY ANN
Address: 23600 SW 152ND AVE
City-St-Zip: HOMESTEAD FL,

Title: D () Delete
Name: IRWIN, ORVAL
Address: 27322 SW 164TH AVE
City-St-Zip: HOMESTEAD FL,

Title: D () Delete
Name: SCHUMACHER, FLORENCE
Address: 85 SW 164TH AVE
City-St-Zip: HOMESTEAD, FL

Title: VP () Delete
Name: WIGGINS, III H
Address: 1400 L JEFFERSON DR
City-St-Zip: HOMESTEAD FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOB NAUMANN

Electronic Signature of Signing Officer or Director

T

04/20/2009

Date