

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704589

FILED  
Mar 10, 2010  
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  
Name: JENSEN, ROBERT  
Address: 18640 SW 295TH TERR  
City-St-Zip: HOMESTEAD FL,

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

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

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

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

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

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: BOB NAUMANN

TD

03/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date