

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 033 ****70.00

DOCUMENT # 717676

1. Entity Name
THE HERITAGE MUSEUM ASSOCIATION, INC.



Principal Place of Business
115 WESTVIEW AVE.
VALPARAISO, FL 32580

Mailing Address
115 WESTVIEW AVE.
VALPARAISO, FL 32580 US

04021960



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1637065

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MOSS, BARBARA L
1311 BAYSHORE DR
NICEVILLE, FL 32578

Name Matthew Brinkmann

Street Address (P.O. Box Number is Not Acceptable)

319 Okaloosa Ave.

City

Valparaiso

FL

Zip Code
32580

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 Matthew Brinkmann Matthew Brinkmann - Director 3/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

TILE ☒ Delete
NAME BAILEY, KENNETH
STREET ADDRESS 32 SOUTHWIND CT
CITY-ST-ZIP NICEVILLE, FL

C ☐ Change ☒ Addition
NAME Meigs, Jane
STREET ADDRESS 1315 Bayshore
CITY-ST-ZIP Niceville, FL 32578

TILE ☒ Delete
NAME REEDER, WILLIAM
STREET ADDRESS 281 S BAYSHORE DRIVE
CITY-ST-ZIP VALPARAISO, FL 32580

V/T ☐ Change ☒ Addition
NAME Miller, Martha
STREET ADDRESS 103 McKinley
CITY-ST-ZIP Niceville, FL 32578

TILE ☒ Delete
NAME BRABHAM, ANNETTE
STREET ADDRESS 360 OKALOOSA AVENUE
CITY-ST-ZIP VALPARAISO, FL 32580

S ☐ Change ☒ Addition
NAME Toness, Odin
STREET ADDRESS 1501 Bayshore
CITY-ST-ZIP Niceville, FL 32578

TILE ☐ Delete
NAME WILLIAMS, RAE
STREET ADDRESS P.O BOX 8
CITY-ST-ZIP VALPARAISO, FL 32580

V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☒ Delete
NAME MARTIN, SUSAN J
STREET ADDRESS 321 OKALOOSA AVENUE
CITY-ST-ZIP VALPARAISO, FL 32580

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Matthew Brinkmann Matthew Brinkmann 3/19/04 850-678-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #