2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

04021960

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1637065 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MOSS, BARBARA L
1311 BAYSHORE DR
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

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	
TITLE	T ☒ Delete	TITLE	C ☐ Change ☒ Addition
NAME	BAILEY, KENNETH	NAME	Meigs, Jane
STREET ADDRESS	32 SOUTHWIND CT	STREET ADDRESS	1315 Bayshore
CITY-ST-ZIP	NICEVILLE, FL	CITY-ST-ZIP	Niceville, FL 32578
TITLE	TS ☒ Delete	TITLE	V/T ☐ Change ☒ Addition
NAME	REEDER, WILLIAM	NAME	Miller, Martha
STREET ADDRESS	281 S BAYSHORE DRIVE	STREET ADDRESS	103 McKinley
CITY-ST-ZIP	VALPARAISO, FL 32580	CITY-ST-ZIP	Niceville, FL 32578
TITLE	PT ☒ Delete	TITLE	S ☐ Change ☒ Addition
NAME	BRABHAM, ANNETTE	NAME	Toness, Odin
STREET ADDRESS	360 OKALOOSA AVENUE	STREET ADDRESS	1501 Bayshore
CITY-ST-ZIP	VALPARAISO, FL 32580	CITY-ST-ZIP	Niceville, FL 32578
TITLE	CT ☐ Delete	TITLE	V ☒ Change ☐ Addition
NAME	WILLIAMS, RAE	NAME	
STREET ADDRESS	P.O BOX 8	STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO, FL 32580	CITY-ST-ZIP	
TITLE	VT ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTIN, SUSAN J	NAME	
STREET ADDRESS	321 OKALOOSA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO, FL 32580	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #