2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# 717676

Entity Name: THE HERITAGE MUSEUM ASSOCIATION, INC.

Current Principal Place of Business:

115 WESTVIEW AVE.
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

115 WESTVIEW AVE.
VALPARAISO, FL 32580 US

New Mailing Address:

FEI Number: 59-1637065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEVERINO, MICHELLE
115 WESTVIEW AVE.
VALPARAISO, FL 32580 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: CHR ( ) Delete
Name: MILLER, MARTHA
Address: 103 MC KINLEY AVENUE
City-St-Zip: NICEVILLE, FL 32578

Title: VCM ( ) Delete
Name: REINLIE, CARLA
Address: 100 COLLEGE BLVD.
City-St-Zip: NICEVILLE, FL 32578

Title: VCF ( ) Delete
Name: SUMMERLIN, SCOTT
Address: 1020 E JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

Title: SEC ( ) Delete
Name: SMITH, PAM
Address: 709 BAYSHORE DR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR (X) Change ( ) Addition
Name: JACKSON, SCOTT
Address: 1057 JOHN SIMS PARDWAY
City-St-Zip: NICEVILLE, FL 32578

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: MICHELLE SEVERINO DIR 02/29/2008

Electronic Signature of Signing Officer or Director — Date