

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90119 010 ****70.00

DOCUMENT # 729734

1. Entity Name

PALM BEACH MARITIME MUSEUM, INC.



Principal Place of Business

7719 S. DIXIE HWY
WEST PALM BEACH FL 33405

Mailing Address

P.O. DRAWER 2317
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1540474

Applied For

Not Applicable

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

GRANT, (JOHN C.)
3210 POINSETTA AVE
WEST PALM BEACH FL 33407

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE CPTR
NAME GRANT, (JOHN C.) ☐ Delete
STREET ADDRESS 3210 POINSETTA AVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE VTRS
NAME GRANT, (OLGA M.) ☐ Delete
STREET ADDRESS 3210 POINSETTA AVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE TR
NAME MILLER, HOYLE H JR ☐ Delete
STREET ADDRESS ~~333 GUNSET AVE, #512~~
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE TR
NAME LIBERTI, RAYMOND A PH.D ☐ Delete
STREET ADDRESS 2535 IROQUOIS CIR.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2600 PENNSYLVANIA AVE.
CITY-ST-ZIP WASHINGTON, DC 20037

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

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

TITLE ☐ 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:

John C. Grant
BY: JOHN C. GRANT, PRES

4/14/04 561-540-5147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #