


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90232 028 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State  
 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

**GRANT, (JOHN C.)  
 7719 S. DIXIE HWY  
 WEST PALM BEACH, FL 33405**

7. Name and Address of New Registered Agent

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 reappointing) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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 **CPTR**  Delete  
 NAME **GRANT, (JOHN C.)**  
 STREET ADDRESS **7719 S. DIXIE HWY**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTRS**  Delete  
 NAME **GRANT, (OLGA M.)**  
 STREET ADDRESS **7719 S. DIXIE HWY**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **V/TR**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR**  Delete  
 NAME **MILLER, HOYLE H JR**  
 STREET ADDRESS **7719 S. DIXIE HWY**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR**  Delete  
 NAME **LIBERTI, RAYMOND A PH.D**  
 STREET ADDRESS **7719 S. DIXIE HWY.**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR/S**  Change  Addition  
 NAME **WILLIAM E. BURCKART**  
 STREET ADDRESS **7719 S. DIXIE HWY.**  
 CITY-ST-ZIP **W. PALM BEACH, FL 33405**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR/T**  Change  Addition  
 NAME **WILLIAM SANDS**  
 STREET ADDRESS **7719 S. DIXIE HWY**  
 CITY-ST-ZIP **W. PALM BEACH, FL 33405**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: By: [Signature] **4/25/06** **561-540-5147**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #