

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732469

FILED
Jul 08, 2008
Secretary of State

Entity Name: MUSEUM OF SOUTHERN HISTORY, INC.

Current Principal Place of Business:

4304 HERSCHEL ST
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4304 HERSCHEL T
JACKSONVILLE, FL 32210 US

New Mailing Address:

4304 HERSCHEL ST
JACKSONVILLE, FL 32210 US

FEI Number: 59-1662145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FURNS, R. GARY
1566 SANDY SPRINGS DR.
JACKSONVILLE, FL 32003 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: VD () Delete
Name: TERRY, GORDON
Address: 4505 BASS PLACE SOUTH
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: PD () Delete
Name: KERLIN, RANDY
Address: 741 PARK AVE. #133
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Delete
Name: WILLINGHAM, BEN H
Address: 5598 FAIR LANE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: CD () Delete
Name: SEAGRAVES, VAN C
Address: 3618 WALSH ST.
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: CD (X) Delete
Name: LAND, JERALD S
Address: 2047 SEVEN OAKS COURT
City-St-Zip: ORANGE PARK, FL 32073 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VAN C. SEAGRAVES

CD

07/08/2008

Electronic Signature of Signing Officer or Director

_____ Date