2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732469



FILED Feb 07, 2003 8:00 am Secretary of State

MUSEUM OF SOUTHERN HISTORY, INC.				22004435	
Principal Place of Business 4304 HERSCHEL ST JACKSONVILLE FL 32210 US		Mailing Address 4304 HERSCHEL T JACKSONVILLE FL 32210 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	G CHANGES
City & State		City & State		4. FEI Number 59-1662145	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	
	The state of the s	Trogiotorea rigeria	Name		
SNYDER, MICHAEL B			Name FURNI, R. GART Street Address (P.O. Box Number is Not Acceptable)		
4401 LAKESIDE DR			Street Addr	ess (r.o. box number is not Acceptable)	
UNIT 504			1566	SAND Springe DA-	
JACKSONVILLE FL 32210			City		Zin Code
				chsonville FL	Zip Code 32003
	e named entity submits this statement for tions of paistered agent.	or the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida. I am	familiar with, and accept
tric obliga	in the state of th	0 0	,	. 1 /	
signature	Jan him	K 6	My E	1/29/0	5
DIGIVATURE	Signature, typed or printed name of registered agent		: Registered Agent signature re	quired when reinstating) DATE	
	FILE NOW: FEE IS \$61.25	Trust Fund Co		Added to Fees Florida Depar	k Payable to trment of State
10.					
37) F		RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SNYDER, MICHAEL B 4401 LAKESIDE DR, UNIT 504	RECTORS	TITLE V NAME Z STREET ADDRESS L	D. ycins A. NANdee 227 Bevenly Ave	☐ Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	CD SNYDER, MICHAEL B	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Yeins A. HANdee	☐ Change
NAME STREET ADDRESS CITY-ST-ZIP HTLE	CD SNYDER, MICHAEL B 4401 LAKESIDE DR, UNIT 504 JACKSONVILLE FL		TITLE V NAME Z STREET ADDRESS L	D. yeins A. NANdee 227 Beverly Ave SACKSONVILLE, FI 3221	☐ Change Addition
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Thereby certify that the information supplied with this tiling 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 trusted 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 this an address, with all other like empowered.

SIGNATURE:

388-3574