

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733115

**FILED
Jul 01, 2004
Secretary of State**

Entity Name: HENRY B. PLANT MUSEUM SOCIETY, INC.

Current Principal Place of Business:

401 W. KENNEDY BLVD.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

401 W. KENNEDY BLVD.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 51-0189635 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HORMAN, PENELOPE
5210 INTERBAY BLVD #7
TAMPA, FL 33611

Name and Address of New Registered Agent:

CLARKE, RALPHAEL M
6212 BAYSHORE BLVD
TAMPA, FL 33611

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: RALPHAEL M. CLAKRE 07/01/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRESTON, MARIE
Address: 1818 RICHARDSON PLACE
City-St-Zip: TAMPA, FL 33606

Title: 1VPD () Delete
Name: MCCLURE, LELA
Address: 2405 S. FERDINAND AVE.
City-St-Zip: TAMPA, FL 33629

Title: 2VPD () Delete
Name: CLARKE, RALPHAEL
Address: 6212 J BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

Title: TD () Delete
Name: LANE, CAROLYN M
Address: 4409 CULBREATH AVE.
City-St-Zip: TAMPA, FL 33609

Title: RSD () Delete
Name: DAVIS, HILARY
Address: 1903 WYKAGYL
City-St-Zip: TAMPA, FL 33629

Title: CSD () Delete
Name: JUDY, BONNIE
Address: 923 S. HIMES AVE.
City-St-Zip: TAMPA, FL 33629

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
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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 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 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: RALPHAEL M. CLARKE PRES 07/01/2004
Electronic Signature of Signing Officer or Director Date