
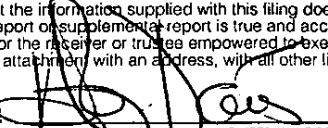


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90085 012 ****61.25

DOCUMENT # 733115					
1. Entity Name HENRY B. PLANT MUSEUM SOCIETY, INC.					
Principal Place of Business 401 W. KENNEDY BLVD. TAMPA, FL 33606		Mailing Address P.O. BOX 320453 TAMPA, FL 33679-2453			
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 51-0189635	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, HILARY H 1010 S. FRANKLAND RD. TAMPA, FL 33629			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, HILARY		NAME		
STREET ADDRESS	1010 S. FRANKLAND RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	1VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COWART, PATTI		NAME		
STREET ADDRESS	5509 RAWLS ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, MARSHA		NAME		
STREET ADDRESS	2805 PARKLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, RALPHAEL M		NAME		
STREET ADDRESS	6212 BAYSHORE BLVD., UNIT J		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWELL, GLORIA		NAME		
STREET ADDRESS	1903 S. MACDILL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	3VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, ROBIN		NAME	Holli Morris	
STREET ADDRESS	2520 JETTON AVENUE		STREET ADDRESS	1909 Oakmont Tampa FL 33629	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
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 manager 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: 			Date: _____		Daytime Phone #: 813 251-3558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HILARY DAVIS					