


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 733115 1. Entity Name HENRY B. PLANT MUSEUM SOCIETY, INC.	
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Principal Place of Business 401 W. KENNEDY BLVD. TAMPA FL 33606	Mailing Address P.O. BOX 320453 TAMPA FL 33679-2453
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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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 DAVIS, HILARY H 1010 S. FRANKLAND RD. TAMPA FL 33629	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD DAVIS, HILARY 1010 S. FRANKLAND RD TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE	1VPD COWART, PATTI 5509 RAWLS ROAD TAMPA FL 33625 <input type="checkbox"/> Delete
TITLE	2VPD MARTIN, MARSHA 2805 PAKLAND BLVD. TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE	TD CLARKE, RALPHAEL M 6212 BAYSHORE BLVD., UNIT J TAMPA FL 33611 <input type="checkbox"/> Delete
TITLE	RSD HOWELL, GLORIA 1903 S. MACDILL AVENUE TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE	3VP MORRIS, HOLLI 1909 OAKMONT TAMPA FL 33629 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U00000610883 02/02/07-80038-020 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ralph M. Clarke, Treasurer* 1-22-07 81383588012102