


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90015 049 ****70.00

DOCUMENT # 737177 1. Entity Name HERNANDO HISTORIC MUSEUM ASSOCIATION, INC.					
Principal Place of Business 601 MUSEUM COURT BROOKSVILLE, FL 34601 US				Mailing Address 601 MUSEUM COURT BROOKSVILLE, FL 34601 US	
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 59-2048498				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLER, JOHN M. 224 N. BROAD ST. P.O. BOX 428 BROOKSVILLE FL 34605				7. Name and Address of New Registered Agent 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 re-registering) DATE _____					
FILE NOW: 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 NAME STREET ADDRESS CITY - ST - ZIP	P KNOWLES, JAN 26287 SOULT RD BROOKSVILLE FL 34601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Ron Daniel 18650 Lake Lindsey Rd Brooks ville, FL 34601	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JACKSON, VIRGINIA 18141 LAKE LINDSEY RD. BROOKSVILLE FL 34601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Joy Jackson 10258 Noddy Tern Rd Brooksville, FL 34613	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, VIRGINIA 18141 LAKE LINDSEY RD BROOKSVILLE FL 34601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINEZ, BARBARA 407 S BROOKSVILLE AVENUE BROOKSVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: Joy Jackson Joy Jackson 1/26/06 352-585-2325