

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765533

FILED
Apr 21, 2006
Secretary of State

Entity Name: THE MUSEUM, INC.

Current Principal Place of Business:

1720 S GADSDEN ST
INDIAN MUSEUM SUITE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2127
TALLAHASSEE, FL 323162127

New Mailing Address:

FEI Number: 59-2269145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS-SAKIM, C. RANDALL
741 W.ST AUGUSTINE
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

DANIELS-SAKIM, C. RANDALL
1720 S. GADSDEN ST.
TALLAHASSEE, FL 32301 US

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:

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEWART, JAMES N
Address: 1913 WINCHESTER
City-St-Zip: CHAMPAIGN, IL 61821

Title: TD () Delete
Name: CROSS, STEVE
Address: 152 E. COLLEGE
City-St-Zip: COLQUITT, GA 31737

Title: VD () Delete
Name: WEBB, WILLIAM,
Address: 741 W. ST. AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MARINER, PETER ADRIE, N
Address: 1720 S GADSDEN
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: GREENE, THOMAS A
Address: 9096 WARBLER STREET
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD () Delete
Name: BUCHANAN, RICHARD
Address: 4180 BENCHMARK TR.
City-St-Zip: TALLAHASSEE, FL 32311

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 Chapter 119, 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: PETER ADRIEN MARINER

D

04/21/2006

Electronic Signature of Signing Officer or Director

Date