

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765533

FILED  
Apr 29, 2008  
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:

704 W. MADISON ST.  
TALLAHASSEE, FL 32304

## 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  
1720 S. GADSDEN ST.  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

DANIELS-SAKIM, C. RANDALL  
704 W. MADISON ST.  
TALLAHASSEE, FL 32304      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:

04/29/2008

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 ST  
City-St-Zip: TALLAHASSEE, FL 32304

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 32305

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  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GREENE, THOMAS A  
Address: 932 CASEY DR.  
City-St-Zip: TALLAHASSEE, FL 32305

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS A GREENE

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date