

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765533

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE MUSEUM, INC.

Current Principal Place of Business:

704 W. MADISON ST.
TALLAHASSEE, FL 32304

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
704 W. MADISON ST.
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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:

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 ADRIEN
Address: 1720 S GADSDEN
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: GREENE, THOMAS A
Address: 932 CASEY DR.
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
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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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date