## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#765533** 

Entity Name: THE MUSEUM, INC.

FILED Apr 24, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

704 W. MADISON ST. 3320 OLD LLOYD DR.

TALLAHASSEE, FL 32304 MONTICELLO, FL 323446060

Current Mailing Address: New Mailing Address:

P.O.BOX 2127

TALLAHASSEE, FL 323162127

FEI Number: 59-2269145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DANIELS-SAKIM, C. RANDALL
704 W. MADISON ST.

DANIELS-SAKIM, C. RANDALL
3320 OLD LLOYD RD.

TALLAHASSEE, FL 32304 US MONTICELLO, FL 323446060 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: 04/24/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: STEWART, JAMES N Address: 1913 WINCHESTER City-St-Zip: CHAMPAIGN, IL 61821

Title: TD

Name: CROSS, STEVE Address: 152 E. COLLEGE City-St-Zip: COLQUITT, GA 31737

Title: VD

Name: WEBB, WILLIAM

Address: 741 W. ST. AUGUSTINE ST City-St-Zip: TALLAHASSEE, FL 32304

Title:

 Name:
 MCCAFFREY, PATRICK

 Address:
 112 W. 3RD AVE.

 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: D

Name: GREENE, THOMAS A Address: 932 CASEY DR.

City-St-Zip: TALLAHASSEE, FL 32305

Title:

Name: BUCHANAN, RICHARD
Address: 4180 BENCHMARK TR.
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. GREENE D 04/24/2010