

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765533

FILED
Apr 20, 2012
Secretary of State

Entity Name: THE MUSEUM, INC.

Current Principal Place of Business:

3320 OLD LLOYD DR.
MONTICELLO, FL 323446060

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
3320 OLD LLOYD RD.
MONTICELLO, FL 323446060 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
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: D
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: D
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

04/20/2012

Electronic Signature of Signing Officer or Director

Date