

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002153

FILED  
Feb 22, 2007  
Secretary of State

**Entity Name:** INTERNATIONAL INDEPENDENT SHOWMEN'S MUSEUM CORPORATION

**Current Principal Place of Business:**

6915 RIVERVIEW DRIVE  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 188  
GIBSONTON, FL 33534

**New Mailing Address:**

FEI Number: 59-3658955      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MCEWEN, DAVID B  
560 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701      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: ARNOLD, IVAN R  
Address: 6915 RIVERVIEW DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete  
Name: IANNI, STEVE  
Address: 6915 RIVERVIEW DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: SD ( ) Delete  
Name: ARNOLD, KAREN  
Address: 6915 RIVERVIEW DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: TD ( ) Delete  
Name: LARKEE, BARBARA  
Address: 6915 RIVERVIEW DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: SIKES, CAROL J  
Address: 6915 RIVERVIEW DR.  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: ELLIOTT, JAMES  
Address: 6915 RIVERVIEW DR  
City-St-Zip: RIVERVIEW, FL 33569

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: CAROL J. SIKES

D

02/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date