

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002153

FILED
Mar 25, 2009
Secretary of State

Entity Name: INTERNATIONAL INDEPENDENT SHOWMEN'S MUSEUM CORPORATION

Current Principal Place of Business:

6915 RIVERVIEW DRIVE
RIVERVIEW, FL 33578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
GIBSONTON, FL 33534 US

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 33578

Title: VD () Delete
Name: IANNI, STEVE
Address: 6915 RIVERVIEW DR.
City-St-Zip: RIVERVIEW, FL 33578

Title: SD () Delete
Name: ELLIOTT, JAMES
Address: 6915 RIVERVIEW DR
City-St-Zip: RIVERVIEW, FL 33578

Title: TD () Delete
Name: LARKEE, BARBARA
Address: 6915 RIVERVIEW DR.
City-St-Zip: RIVERVIEW, FL 33578

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: () Change () Addition
Name:
Address:
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: CAROL J. SIKES

D

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date