


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> N01000000635	
<b>1. Entity Name</b> FORT LAUDERDALE MARITIME MUSEUM, INC.	

<b>Principal Place of Business</b> 200 S.W. 6TH STREET FT. LAUDERDALE, FL 33301 US	<b>Mailing Address</b> 200 S.W. 6TH STREET FT. LAUDERDALE, FL 33301 US
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04092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  HARRISON, JAMES 200 S.W. 6TH STREET FT. LAUDERDALE, FL 33301
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IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000898253</b> <b>04/25/08-80080-021 70.00</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T.D.</b> ORSI, EDWARD 3175 ESTATES DRIVE POMPANO BEACH, FL 33069
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> RAYMOND, WILLIAM 3111 N. OCEAN DRIVE #302 HOLLYWOOD, FL 33019
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HARRISON, JAMES 200 S.W. 6TH STREET FT. LAUDERDALE, FL 33301
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Edward P. Orsi (EDWARD P. ORSI) **TREASURER** 4/10/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #