


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90021 009 ****61.25

DOCUMENT # NO 1000005779	
1. Entity Name FRIENDS OF THE ELLIOTT MUSEUM, INC.	

DO NOT WRITE IN THIS SPACE

40021242


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4655 Loch Ln.		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm City, FL		City & State Palm City, FL	
Zip 34990	Country MARTIN	Zip 34990	Country MARTIN

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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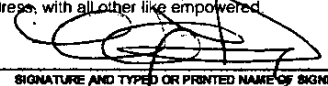
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CLINTON G. BUSU, JR.	
	Street Address (P.O. Box Number is Not Acceptable) 4655 Loch Lane	
	City Palm City	FL Zip Code 34990

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.	CLINTON G. BUSU, JR. (NOTE: Registered Agent signature required when reinstating) 24 Jan, 2005 DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR CLINTON G. BUSU, JR. 4655 LOCH LN PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD E. ENRIGHT 1463 TROOP GROVE PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GREGG BURDICK SAVERNO ROAD STUART, FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	CLINTON G. BUSU, JR. Date (772) - 283 - 4318 Daytime Phone #

CR2E037B (12/02)