

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007038

FILED
Mar 31, 2004
Secretary of State**Entity Name:** JEA WATERWORKS MUSEUM, INC.**Current Principal Place of Business:**21 W CHURCH STREET
JACKSONVILLE, FL 32202**New Principal Place of Business:****Current Mailing Address:**21 W CHURCH STREET
JACKSONVILLE, FL 32202**New Mailing Address:****FEI Number:** 59-3750893**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**F & L CORP
200 LAURA STREET
JACKSONVILLE, FL 32202 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:** D () Delete
Name: DICKENSON, JAMES A
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**Title:** D () Delete
Name: JONES, ELLA J
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**Title:** D () Delete
Name: UPTON, JANE J
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**Title:** D () Delete
Name: LANAHAN, MARTHA
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**Title:** D () Delete
Name: KEHRT, HELEN
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**Title:** D () Delete
Name: SMITH, R HOLLIE
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: UPTON, JANE M
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**Title:** D (X) Change () Addition
Name: LANAHAN, MARTHA T
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**Title:** D (X) Change () Addition
Name: KEHRT, HELEN C
Address: 21 W CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202**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 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 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: JAMES A. DICKENSON

MR.

03/31/2004

Electronic Signature of Signing Officer or Director

Date