

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008742

FILED  
Mar 15, 2007  
Secretary of State

**Entity Name:** FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC.

**Current Principal Place of Business:**

500 S. BRONOUGH ST  
TALLAHASSEE, FL 32399

**New Principal Place of Business:**

**Current Mailing Address:**

500 S. BRONOUGH ST  
TALLAHASSEE, FL 32399

**New Mailing Address:**

**FEI Number:** 59-3760777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZIFFER, GIL  
500 S. BRONOUGH ST.  
G2  
TALLAHASSEE, FL 32399 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: CD ( ) Delete  
Name: ZIFFER, GIL  
Address: 525 N CALHOUN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: ABBERGER, LESTER  
Address: P.O. BOX 1168  
City-St-Zip: TALLAHASSEE, FL 323021168

Title: D ( ) Delete  
Name: BINDHARDT, MARGO  
Address: WOODLET-BOX 91103  
City-St-Zip: MICCOSUKEE, FL 32309

Title: D ( ) Delete  
Name: BOUDET, JOHN  
Address: 450 SOUTH ORANGE AVE, SUITE 650  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: ERICKSON, STEVE  
Address: 2202 N WETSHORE BLVD  
City-St-Zip: TAMPA, FL 33607

**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 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:** GIL ZIFFER

CD

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date