

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90193 036 ****61.25

DOCUMENT # N02000002540

1. Entity Name
CREATION ADVENTURES MUSEUM, INC.



Principal Place of Business
1220 W. IMOGENE ST.
ARCADIA, FL 34266

Mailing Address
1220 W. IMOGENE ST.
ARCADIA, FL 34266



04142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0677811

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, MARY M
1220 W. IMOGENE ST
ARCADIA, FL 34266

**DO NOT WRITE
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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBD VAUGHAN, DEBORAH L 8475 CASCADE CT HIGHLANDS RANCH, CO 80126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAJCA, JOHN 1623 RAVENSWOOD AVE BEAUMONT, CA 92223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES, DANA J 382 MONTAIN CHICADEE RD HIGHLANDS RANCH, CO 80126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSES, DIANE E 5040 LIVE OAK CIR BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD LABORDA, JEFFREY 840 WINDMERE BLVD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM PARKER, MARY M 1220 W. IMOGENE ST ARCADIA, FL 34266

**DO NOT WRITE
IN THIS SPACE**

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: Mary M. Parker Mary M. Parker 4-13-07 863-444-9558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40069489
#N02000002540

4-13-07

For unknown reasons, we
could not download the 2007
Not-for-Profit Corp. Annual Report
without the "Do Not Write in This
Space." So, we put address
corrections in box 10 to get check
in on time.

Mary M. Parker

Creation Advntrs Museum
1220 W Imogene St.
Arcadia, FL 34266