

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002540

FILED
Apr 23, 2009
Secretary of State

Entity Name: CREATION ADVENTURES MUSEUM, INC.

Current Principal Place of Business:

1220 W. IMOGENE ST.
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1220 W. IMOGENE ST.
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 01-0677811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, MARY M
1220 W. IMOGENE ST
ARCADIA, FL 34266 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: PBD () Delete
Name: VAUGHAN, DEBORAH L
Address: 8475 CASCADE CT
City-St-Zip: HIGHLANDS RANCH, CO 80126

Title: VPD () Delete
Name: RAJCA, JOHN
Address: 1623 RAVENSWOOD AVE
City-St-Zip: BEAUMONT, CA 92223

Title: SD () Delete
Name: JAMES, DANA R
Address: 382 MOUNTAIN CHICKADEE RD
City-St-Zip: HIGHLANDS RANCH, CO 80126

Title: TD () Delete
Name: MOSES, DIANE E
Address: 7312 CANTON DR.
City-St-Zip: LEMON GROVE, CA 91945

Title: LD () Delete
Name: LABORDA, JEFFREY
Address: 5040 LIVE OAK CIRCLE
City-St-Zip: BRADENTON, FL 34207

Title: CM () Delete
Name: PARKER, MARY M
Address: 1220 W. IMOGENE ST
City-St-Zip: ARCADIA, FL 34266

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: TD (X) Change () Addition
Name: MOSES, DIANE E
Address: 1155 PEPPER DRIVE
City-St-Zip: EL CAJON, CA 92021

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 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: MARY M. PARKER

CUR

04/23/2009

Electronic Signature of Signing Officer or Director

Date