2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2012
Secretary of State

DOCUMENT# N02000003526

Entity Name: MIAMI-DADE HISTORICAL MARITIME MUSEUM, INC.

Current Principal Place of Business:

329 PEACON LANE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO 186
KEY WEST, FL 33041 01

New Mailing Address:

FEI Number: 14-1853901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM, VERGE
329 PEACON LANE
KEY WEST, FL 33040 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: C/D
Name: VERGE, WILLIAM G
Address: PO BOX 186
City-St-Zip: KEY WEST, FL 33041 US

Title: S/TR
Name: BADDOUR, FREDERICK R
Address: PO BOX 186
City-St-Zip: KEY WEST, FL 33041 US

Title: D
Name: BADDOUR, FREDERICK R
Address: PO BOX 186
City-St-Zip: KEY WEST, FL 33041 US

Title: D
Name: MURPHY, BEVERLY
Address: 10601 SNAPPEER CREEK ROAD
City-St-Zip: CORAL GABLES, FL 33156 US

Title: D
Name: MURPHY, WILLIAM P JR.
Address: 10601 SNAPPER CREEK ROAD
City-St-Zip: CORAL GABLES, FL 33156 US

Title: D
Name: BADDOUR, ANNE B
Address: 6495 S. W. 122 STREET
City-St-Zip: MIAMI, FL 33156 US

I hereby 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 all other like empowered.

SIGNATURE: WILLLIAM G. VERGE C/D 02/01/2012

Electronic Signature of Signing Officer or Director Date