

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003800

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** MOODY AUTOMOBILE & ANTIQUES MUSEUM, INC.

**Current Principal Place of Business:**

945 PALM VALLEY RD  
PONTE VEDRA BCH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10114  
JACKSONVILLE, FL 32247

**New Mailing Address:**

**FEI Number:** 04-3671582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOODY, T. BOYD  
945 PALM VALLEY RD  
PONTE VEDRA BCH, FL 32082 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  
Name: MOODY, T. BOYD  
Address: PO BOX 10114  
City-St-Zip: JACKSONVILLE, FL 32247

Title: D  
Name: ROWLAND, JOHN H III  
Address: PO BOX 10114  
City-St-Zip: JACKSONVILLE, FL 32247

Title: D  
Name: ROWLAND, KAREN L  
Address: PO BOX 10114  
City-St-Zip: JACKSONVILLE, FL 32247

Title: D  
Name: MOODY, M. CHRISTINA  
Address: PO BOX 10114  
City-St-Zip: JACKSONVILLE, FL 32247

Title: D  
Name: BLANKEVOORT, MARJANNE  
Address: PO BOX 10114  
City-St-Zip: JACKSONVILLE, FL 32247

Title: C  
Name: JANSEN, WILLIAM  
Address: P.O. BOX 10114  
City-St-Zip: JACKSONVILLE, FL 32247

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: T. BOYD MOODY

D

01/20/2011

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

\_\_\_\_\_  
Date