2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N02000009972

Entity Name: SHIPWRECK EDUCATIONAL MUSEUM, INC.

Current Principal Place of Business:

4708 PINE LAKE DRIVE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

4708 PINE LAKE DRIVE
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 77-0600817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIERLING, SCOTT N
4708 PINE LAKE DRIVE
ST. CLOUD, FL 34769 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: PD ( ) Delete
Name: SILL, PATRICIA C
Address: 4708 PINE LAKE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VD ( ) Delete
Name: NIERLING, JASON D
Address: 6551 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: TSD ( ) Delete
Name: NIERLING, SCOTT N
Address: 4708 PINE LAKE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete
Name: GRAVES, GYPSY C
Address: 2257 SW 44TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: SILL, MARY PAT
Address: 4708 PINE LAKE DRIVE
City-St-Zip: ST CLOUD, FL 34769

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 Section 119.07(3)(i), 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: SCOTT N. NIERLING S 05/01/2004
Electronic Signature of Signing Officer or Director — Date