

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90020 049 ****70.00

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1. Entity Name

THE LIGHTNER MUSEUM FOUNDATION, INC.



Principal Place of Business

75 KING ST
ST AUGUSTINE FL 32084

Mailing Address

P.O. BOX 334
SAINT AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6001426

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, ROBERT W III
75 KING ST
ST AUGUSTINE FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert W. Harper, Executive Dir. 1/17/06

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MUSSALLEM, EDWARD G
STREET ADDRESS 65 BUSAM ST
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE D ☐ Delete
NAME BAILEY, JOHN D SR
STREET ADDRESS 47 AVISTA CIR
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE D ☐ Delete
NAME TIBERIO, FAITH
STREET ADDRESS 277 S MATANZAS BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE D ☐ Delete
NAME DRYSDALE, DAVID C
STREET ADDRESS 140 PELICAN REEF DR
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE D ☐ Delete
NAME GARDNER, GEORGE
STREET ADDRESS 75 KING ST
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: