

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007843

FILED
Apr 29, 2007
Secretary of State

Entity Name: FLORIDA POSTAL MUSEUM, INC.

Current Principal Place of Business:

300 S. VOLUSIA AVE.
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

300 S. VOLUSIA AVE.
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 61-1484725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEINAUER, RICHARD C
5837 WESTPORT DR.
PORT ORANGE, FL 32127 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: P () Delete
Name: FEINAUER, RICHARD C
Address: 5837 WESTPORT DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: GALLAGHER, JOHN
Address: 9226 MELLENBROOK RD
City-St-Zip: COLUMBIA, MD 21045

Title: S () Delete
Name: RUSSELL, WILLIAM
Address: 1670 W. BLUE SPRING AVE.
City-St-Zip: ORANGE CITY, FL 32760

Title: T () Delete
Name: KELLERMEIER, ROBERT J
Address: 400 ROUEN DR APT A
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: GUTHRIE, JOSEPH
Address: 3351 BLACK WILLOW TRAIL
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: SMUCKER, SAM
Address: 14124 RIGDON RD
City-St-Zip: UMATILLA, FL 32784

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: T (X) Change () Addition
Name: KELLERMEIER, ROBERT J
Address: 434 PHILLIPS CREEK LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: ROBERT J. KELLERMEIER

T

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date