

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007843

FILED  
Jun 08, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

Title: P ( ) Delete  
Name: MCCARTHY, JAMES  
Address: 815 YORKSHIRE DR  
City-St-Zip: DELAND, FL 32724

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

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

Title: VP ( ) Delete  
Name: SMALL, RICHARD  
Address: 12349 COLERAIN COURT  
City-St-Zip: RESTON, VA 20191

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

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

06/08/2009

Electronic Signature of Signing Officer or Director

Date