

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010576

FILED
Apr 28, 2008
Secretary of State

Entity Name: CADE MUSEUM FOUNDATION, INC.

Current Principal Place of Business:

1720 N.W. 42ND ST.
GAINESVILLE, FL 32605

New Principal Place of Business:

4010 N.W. 25TH PLACE
GAINESVILLE, FL 32606

Current Mailing Address:

1720 N.W. 42ND ST.
GAINESVILLE, FL 32605

New Mailing Address:

P.O. BOX 13494
GAINESVILLE, FL 32604

FEI Number: 20-1884134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADE, STEPHEN
531 NW 54TH TERRACE
GAINESVILLE, FL 32607 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: CADE, ROBERT
Address: 529 NW 58TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: CADE, MARY
Address: 529 NW 58TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: CADE, MARTHA
Address: 11506 NW 129 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: CADE, STEPHEN
Address: 531 NW 54TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: MORRISON, EMILY C
Address: 18 WELLINGTON STREET
City-St-Zip: ARLINGTON, MA 02476

Title: D () Delete
Name: MILES, PHOEBE C
Address: 3909 HARRISON STREET
City-St-Zip: WASHINGTON, DC 20015

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
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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: PHOEBE MILES

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date