

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 29, 2011
Secretary of State

DOCUMENT# N04000010576

Entity Name: CADE MUSEUM FOUNDATION, INC.**Current Principal Place of Business:**904 S. MAIN ST.
GAINESVILLE, FL 32601**New Principal Place of Business:****Current Mailing Address:**904 S. MAIN ST.
GAINESVILLE, FL 32601**New Mailing Address:****FEI Number:** 20-1884134**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HIPSCHMAN, DORRIE
904 S. MAIN ST.
GAINESVILLE, FL 32601 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
Name: CADE, MARY
Address: 529 NW 58TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: PEDDIE, SUSANNAH
Address: 405 NE 4TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: SPENCE, SHEILA
Address: 14704 NW 41ST AVE.
City-St-Zip: NEWBERRY, FL 32669

Title: O
Name: HIPSCHMAN, DORRIE
Address: 904 S. MAIN ST.
City-St-Zip: GAINESVILLE, FL 32601

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

Title: D
Name: MILES, RICHARD
Address: 3909 HARRISON ST. NW
City-St-Zip: WASHINGTON, DC 20015

I hereby 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 all other like empowered.

SIGNATURE: RICHARD MILES

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date