2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State
05-22-2007 90017 021 ****61.25

DOCUMENT # N06000004248

1. Entity Name
THE SULPHUR SPRINGS MUSEUM, INCORPORATED

66019140

Principal Place of Business	Mailing Address
915 E. GRANT AVE. TAMPA, FL 33604	915 E. GRANT AVE. TAMPA, FL 33604

01102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1621 E. MULBERRY DR	P.O. BOX 9242
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLORIDA	City & State: TAMPA FLORIDA
Zip: 33604 Country: HILLSBORO	Zip: 33674 Country: HILLSBORO

4. FEI Number 20-4279869 ☐ 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
ROBINSON, NORMA 1621 E. MULBERRY DR. TAMPA, FL 33604	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: JOSEPH ROBINSON Joseph Robinson 5/12/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JOSEPH SR. 1621 E. MULBERRY DR. TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, NORMA 1621 E. MULBERRY DR. TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPE, LINDA 10546 N. FLORIDA AVE. TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JOSEPH ROBINSON Joseph Robinson 5/12/07 932 9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #