

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06888

FILED  
Jan 20, 2004  
Secretary of State

**Entity Name:** FLORIDA AGRICULTURAL MUSEUM, INC.

**Current Principal Place of Business:**

1850 PRINCESS PLACE ROAD  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

1850 PRINCESS PLACE ROAD  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 59-2659573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIATEK, BRUCE  
1850 PRINCESS PLACE ROAD  
PALM COAST, FL 32137 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: TC ( ) Delete  
Name: TORRENCE, TOM  
Address: 128 MASON ROAD  
City-St-Zip: MELROSE, FL 32666

Title: TVC ( ) Delete  
Name: CARSON, LOUIS  
Address: P.O. BOX 1242  
City-St-Zip: OKEECHOBEE, FL 349731242

Title: S ( ) Delete  
Name: BOYD, BRENDA  
Address: 7259 COUNTY RD 204  
City-St-Zip: BUNNELL, FL 32110

Title: T ( ) Delete  
Name: HAYNES, JOYCE  
Address: 7 COVENTRY PL  
City-St-Zip: PALM COAST, FL 32137

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOYCE HAYNES

T

01/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date