2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N06888

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 (X) 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: BRUCE PIATEK RA 01/10/2005

Electronic Signature of Signing Officer or Director — Date