

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06888

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

7900 OLD KINGS ROAD  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

7900 OLD KINGS 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  
7900 OLD KINGS 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  
Name: TORRENCE, TOM  
Address: 7900 OLD KINGS ROAD  
City-St-Zip: PALM COAST, FL 32137

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

Title: T  
Name: BAILEY, CLARK  
Address: 7900 OLD KINGS ROAD  
City-St-Zip: PALM COAST, FL 32137

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: BRUCE PIATEK

DIR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date