

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005781

FILED
Apr 06, 2008
Secretary of State

Entity Name: NORMAN STUDIOS SILENT FILM MUSEUM, INC.

Current Principal Place of Business:

7866 GLEN ECHO RD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

7866 GLEN ECHO RD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 26-0483095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, LESLIE ANN
7866 GLEN ECHO RD N
JACKSONVILLE, FL 32211 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: C () Delete
Name: STUART, DEVAN
Address: 5959 PICKETTVILLE RD
City-St-Zip: JACKSONVILLE, FL 32254

Title: VC () Delete
Name: WILLIAMS, CAROLYN
Address: 4567 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BURT, LESLIE ANN
Address: 7866 GLEN ECHO RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: NORMAN, RICHARD CAPT.
Address: 3268 LILBURN COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SANDERS, ROBERT
Address: PO BOX 51218
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: D () Delete
Name: REAGAN, RITA
Address: 55 W NINTH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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:

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 exemption stated 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 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: LESLIE ANN BURT

DIR

04/06/2008

Electronic Signature of Signing Officer or Director

Date