

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007064

FILED
Jan 15, 2008
Secretary of State

Entity Name: WILLIAM AUGUSTUS BOWLES MUSEUM AND HISTORICAL FOUNDATION, INC.

Current Principal Place of Business:

4 ELEVENTH AVE SUITE ONE
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

4 ELEVENTH AVE SUITE ONE
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 26-0554534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRI, DANIEL C
4 ELEVENTH AVE SUITE ONE
SHALIMAR, FL 32579 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: D () Delete
Name: FISHER, BROCK
Address: 293 SHALIMAR DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: ROBERTS, RICHARD A
Address: 268 SWEETWATER RUN
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BARR, HARRY E
Address: 1201 EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: JOHNSON, JAMES M III
Address: 45 MARLBOROUGH ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: PERRI, DANIEL C
Address: 869 THE MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: BLUMER, PHILIP W
Address: 108 HANDS COVE LANE
City-St-Zip: SHALIMAR, FL 32579

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: DANIEL C. PERRI

DIR

01/15/2008

Electronic Signature of Signing Officer or Director

Date