

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007064

FILED  
Jan 08, 2009  
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 (X)**

**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: D (X) Change ( ) Addition  
Name: FISHER, BROCK L  
Address: 293 SHALIMAR DRIVE  
City-St-Zip: SHALIMAR, FL 32579

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

01/08/2009

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

\_\_\_\_\_  
Date