

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09378

FILED
Jan 30, 2007
Secretary of State

Entity Name: JACKSONVILLE MARITIME MUSEUM SOCIETY, INC.

Current Principal Place of Business:

1015 MUSEUM CIRCLE
UNIT 2
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

% ROBERT B PARRISH
501 W BAY ST
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2605102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, ROBERT B
501 W BAY ST
JACKSONVILLE, FL 32202 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: CHM () Delete
Name: EKELUND, KENNETH O
Address: 4224 SHERWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VCHM () Delete
Name: GOTTUSO, MARIO
Address: 3736 PIZZARO ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: PRES (X) Delete
Name: SANDBERG, JOHN
Address: 13119 SANDY DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA () Delete
Name: SANDBERG, WILLIAM N
Address: 1146 GIRVIN RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: SECY () Delete
Name: GOTTUSO, BARBARA C
Address: 3736 PIZZARO ROAD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHM (X) Change () Addition
Name: GOTTUSO, MARIO
Address: 3736 PIZZARO ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: PRES (X) Change () Addition
Name: BACCI, PETER
Address: 1015 MUSEUM CIRCLE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: SANDBERG, WILLIAM C
Address: 1146 GIRVIN RD
City-St-Zip: JACKSONVILLE, FL 32225

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 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: WILLIAM C SANDBERG

TREA

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date