

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09378

FILED  
Jan 06, 2010  
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:**

% WILLIAM SANDBERG  
1160 GIRVIN RD  
JACKSONVILLE, FL 32225

**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:**

SANDBERG, WILLIAM C  
1015 MUSEUM CIRCLE  
UNIT 2  
JACKSONVILLE, FL 32207 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: CNSL  
Name: PARRISH, ROBERT  
Address: 501 W BAY ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: TREA  
Name: SANDBERG, WILLIAM C  
Address: 1015 MUSEUM CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32207

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: WILLIAM SANDBERG

TREA

01/06/2010

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

\_\_\_\_\_  
Date