

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90512 044 ****61.25

DOCUMENT # N09378

1. Entity Name

JACKSONVILLE MARITIME MUSEUM SOCIETY, INC.



Principal Place of Business

**1015 MUSEUM CIRCLE
UNIT 2
JACKSONVILLE FL 32207
US**

Mailing Address

**% ROERT B PARRISH
501 W BAY ST
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2605102**

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHT
HILAMAN, H. SCOTT
10985 MANDARIN STATION DR W
JACKSONVILLE FL 32257-3901**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHT
Fredric O. Sandberg
1146 Girvin Road
Jacksonville, FL 32225**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCHT
FENNEL, EDWARD M.
4484 COBBLEFIELD CIR E
JACKSONVILLE FL 32224**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCHT
Mike VonDolteren
4511 Pebblebrook Drive
Jacksonville, FL 32224**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
GOTTUSO, MARIO
3736 PIZZARO DR
JACKSONVILLE FL 32217**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
VONDOLTEREN, MIKE
4511 PEBBLEBROOK DRIVE
JACKSONVILLE FL 32224**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
SANDBERG, MARY K
1146 GIRVIN RD
JACKSONVILLE FL 32225**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary K. Sandberg Mary K. Sandberg 1/16/03 904-221-4611

CR2E037 (10/02)