

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14018

FILED
May 25, 2006
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF MUSEUMS, INCORPORATED

Current Principal Place of Business:

459 CEDAR HILL ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10951
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-2833802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HORTON, MALINDA J
459 CEDAR HILL ROAD
TALLAHASSEE, FL 32312 US

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: PD () Delete
Name: VAN ARSDEL, SARA
Address: 65 EAST CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BURNSIDE, MADELEINE
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: JONES, DOUG
Address: PO BOX 112710
City-St-Zip: GAINESVILLE, FL 32611

Title: D () Delete
Name: DAWS, RUSSELL
Address: 3945 MUSEUM DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: VPD () Delete
Name: ROSENSWEIG, LARRY
Address: 1451 SOUTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD () Delete
Name: STETSON, DANIEL
Address: 800 EAST PALMETTO STREET
City-St-Zip: LAKE LAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: OSTRENKO, WIT
Address: 4801 EAST FOWLER AVENUE
City-St-Zip: TAMPA, FL 33617

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 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: RUSSELL DAWS

D

05/25/2006

Electronic Signature of Signing Officer or Director

Date