

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37012

FILED
Feb 18, 2009
Secretary of State

Entity Name: HISTORICAL COSTUME MUSEUM, INC.

Current Principal Place of Business:

4736 NORTH BAY RD.
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4736 NORTH BAY RD.
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0197690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSHEE & LOCKWOOD, P.A.
220 MIRACLE MILE
SUITE 221
CORAL GABLES, FL 33134 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: PORTER, SIR EDWARD,
Address: 4736 NORTH BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: PORTER, ANNA L
Address: 4736 NORTH BAY RD.
City-St-Zip: MIAMI BCH, FL 33140

Title: D (X) Delete
Name: PORTER, SIR
Address: 4738 NORTH BAY
City-St-Zip: MIAMI, FL 33140

Title: D (X) Delete
Name: PORTER, STARR E
Address: 70 UPLAND AVE
City-St-Zip: MILL VALLEY, CA 94941

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PORTER, STARR E
Address: 70 UPLAND AVE
City-St-Zip: MILL VALLEY, CA 94941

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: EDWARD PORTER

D

02/18/2009

Electronic Signature of Signing Officer or Director

Date