


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47941</b> 1. Entity Name FLORIDA PREHISTORICAL MUSEUM, INC.	
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Principal Place of Business 1230 ALBERTA STREET LONGWOOD, FL 32759	Mailing Address 1230 ALBERTA STREET LONGWOOD, FL 32759
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**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3114035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

BROWN, RUSSELL  
18132 MARKET ST  
GROVELAND, FL 34736

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONIN, BONNIE 18132 MARKET ST. GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREY, SARA A. 1230 ALBERTA STREET LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JEREMEY 5200 DOOLAN CT. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNAWAY, DAVID L 601 FERNE DR. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RUSSELL 18132 MARKET ST GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1100000350338  
05/02/05-80100-015 61.25

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:** SARA A. MOREY **SARA A. MOREY** 27 Apr 05 407-834-0281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #