

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90015 043 ****61.25

DOCUMENT # N47941

1. Entity Name

FLORIDA PREHISTORICAL MUSEUM, INC.



Principal Place of Business

1230 ALBERTA STREET
LONGWOOD FL 32759

Mailing Address

1230 ALBERTA STREET
LONGWOOD FL 32759

2. Principal Place of Business

18132 Market St.

3. Mailing Address

P.O. Box 540404

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Groveland FL

City & State

Orlando FL

4. FEI Number

59-3114035

Applied For

Not Applicable

Zip

34736

Country

USA

Zip

32854

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

BROWN, RUSSELL
18132 MARKET ST
GROVELAND FL 34736

7. Name and Address of New Registered Agent

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 his or her name

(NOTE: Registered Agent signature required when not checked)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D ☐ Delete
NAME CRONIN, BONNIE
STREET ADDRESS 18132 MARKET ST.
CITY-ST-ZIP GROVELAND FL 34736

TITLE D ☐ Delete
NAME MOREY, SARA A.
STREET ADDRESS 1230 ALBERTA STREET
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Delete
NAME SMITH, JEREMEY
STREET ADDRESS 5200 DOOLAN CT.
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Delete
NAME DUNAWAY, DAVID L
STREET ADDRESS 601 FERNE DR.
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete
NAME BROWN, RUSSELL
STREET ADDRESS 18132 MARKET ST
CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 398
CITY-ST-ZIP Frostproof, FL 33843

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Sara A. Morey TREASURER 15 Apr 08 407)353-8675