2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# N47941

Entity Name: FLORIDA PREHISTORICAL MUSEUM, INC.

Current Principal Place of Business:

18132 MARKET ST
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540404
ORLANDO, FL 32854 US

New Mailing Address:

FEI Number: 59-3114035 **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:

BROWN, RUSSELL
18132 MARKET ST
GROVELAND, FL 34736 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:	CRONIN, BONNIE	
Address:	18132 MARKET ST.	
City-St-Zip:	GROVELAND, FL 34736	
Title:	D	( ) Delete
Name:	MOREY, SARA A	
Address:	P.O. BOX 398	
City-St-Zip:	FROSTPROOF, FL 33843	
Title:	D	( ) Delete
Name:	SMITH, JEREMEY	
Address:	5200 DOOLAN CT.	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	DUNAWAY, DAVID L	
Address:	601 FERNE DR.	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	D	( ) Delete
Name:	BROWN, RUSSELL	
Address:	18132 MARKET ST	
City-St-Zip:	GROVELAND, FL 34736	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: SARA A. MOREY D 06/10/2009
Electronic Signature of Signing Officer or Director — Date