2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49074

FILED Aug 10, 2005 Secretary of State

Entity Name: FLORIDA INTERNATIONAL MUSEUM, INC.

Current Pr				
	incipal Place of Business:	New Prince	cipal Place of Business:	
100 2ND STREET NORTH ST PETERSBURG, FL 33701			244 2ND AVENUE N ST PETERSBURG, FL 33701	
Current Mailing Address:		New Maili	New Mailing Address:	
100 2ND STREET NORTH ST PETERSBURG, FL 33701			PO BOX 1439 ST PETERSBURG, FL 33731	
In accordanc	e with s. 607.193(2)(b), F.S., the corporation did not receiv		ce.	
Name and	Address of Current Registered Agent:	Name and	I Address of New Registered Agent:	
OATHOUT, KATHLEEN C 100 2ND STREET NORTH ST PETERSBURG, FL 33701 US		244 2ND A	OATHOUT, KATHLEEN C 244 2ND AVE N ST PETERSBURG, FL 33701 US	
0112121	556KG, 12 66161	011212	(0)01(0,12 00101 00	
	named entity submits this statement for the purpose of Florida.	e of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:		08/10/2005	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	C () Delete PUNZAK, DAVID	Title: Name:	() Change () Addition	
Address:	ONE CONGRESS PLAZA, SUITE 2300	Address:		
City-St-Zip:	SAINT PETERSBURG, FL 33701	City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	MITLIN, IRA	Name:	, , , , , , , , , , , , , , , , , , ,	
Address:	25 2ND STREET NORTH	Address:		
City-St-Zip:	ST PETERSBURG, FL 33701	City-St-Zip:		
Title:	S () Delete	Title:	S (X) Change () Addition	
Name:	NORMILE, MARTIN J.	Name:	KOELSCH, JAMES P	
	100 2ND AVENUE SOUTH, SUITE 200	Address:		
Address:		0.1 01 2.	6414 1ST AVE N	
Address: City-St-Zip:	ST. PETERSBURG, FL 33701	City-St-Zip:	ST. PETERSBURG, FL 33710	
		City-St-Zip: Title:		
City-St-Zip:	ST. PETERSBURG, FL 33701 D () Delete SIMMS, SHARON		ST. PETERSBURG, FL 33710	
City-St-Zip: Title: Name: Address:	ST. PETERSBURG, FL 33701 D () Delete SIMMS, SHARON 4372 48TH AVENUE SOUTH	Title: Name: Address:	ST. PETERSBURG, FL 33710	
City-St-Zip: Title: Name:	ST. PETERSBURG, FL 33701 D () Delete SIMMS, SHARON	Title: Name:	ST. PETERSBURG, FL 33710	
City-St-Zip: Title: Name: Address:	ST. PETERSBURG, FL 33701 D () Delete SIMMS, SHARON 4372 48TH AVENUE SOUTH	Title: Name: Address:	ST. PETERSBURG, FL 33710	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	ST. PETERSBURG, FL 33701 D () Delete SIMMS, SHARON 4372 48TH AVENUE SOUTH ST. PETERSBURG, FL 33711 D () Delete BOND, RUSS	Title: Name: Address: City-St-Zip: Title: Name:	ST. PETERSBURG, FL 33710 () Change () Addition	
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City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title:	ST. PETERSBURG, FL 33701 D () Delete SIMMS, SHARON 4372 48TH AVENUE SOUTH ST. PETERSBURG, FL 33711 D () Delete BOND, RUSS 501 5TH AVE. SAINT PETERSBURG, FL 33701 T () Delete O'HEARN, JOHN H	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	ST. PETERSBURG, FL 33710 () Change () Addition () Change () Addition T (X) Change () Addition FRASER, WAYNE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN C. OATHOUT DIR 08/10/2005