# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 10, 2007**
**Secretary of State**

DOCUMENT# N49074

**Entity Name:** FLORIDA INTERNATIONAL MUSEUM, INC.

**Current Principal Place of Business:**

244 2ND AVENUE N
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

244 2ND AVENUE N
ST PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number: 59-3139888** **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:**

OATHOUT, KATHLEEN C
244 2ND AVE N
ST PETERSBURG, FL 33701 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: C ( ) Delete
Name: PUNZAK, DAVID
Address: ONE CONGRESS PLAZA, SUITE 2300
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D ( ) Delete
Name: MITLIN, IRA
Address: 25 2ND STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: S ( ) Delete
Name: KOELSCH, JAMES P
Address: 6414 1ST AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D ( ) Delete
Name: SIMMS, SHARON
Address: 4372 48TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: D ( ) Delete
Name: BOND, RUSS
Address: 501 5TH AVE.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T ( ) Delete
Name: FRASER, WAYNE
Address: 111 2ND AVE NE, SUITE 1200
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: PUNZAK, DAVID
Address: ONE CONGRESS PLAZA, SUITE 2300
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: C (X) Change ( ) Addition
Name: HANCOCK, TIM
Address: SUNTRUST BANK
City-St-Zip: ST PETERSBURG, FL 33701

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: KATHLEEN C OATHOUT EX D 07/10/2007

Electronic Signature of Signing Officer or Director — Date