

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N49758</b> 1. Entity Name <b>CEDAR KEY STATE MUSEUM AND ST. CLAIR WHITMAN CITIZEN SUPPORT ORGANIZATION, INC.</b>						<b>FILED</b> <b>07 APR 11 PM 2:13</b> CLARKE COUNTY STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12231 S.W. 166 COURT CEDAR KEY, FL 32625				Mailing Address P.O. BOX 462 CEDAR KEY, FL 32625			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3145772</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PROBST, KAY 12691 MERLE AVE. CEDAR KEY, FL 32625</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>EHRBAR, ELIZABETH</b> 1165 WIDDEN AVE. CEDAR KEY, FL 32625			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <i>Ehrbar, Elizabeth</i> <i>1165 Widden Ave.</i> <i>P.O. BOX 554</i> <i>Cedar Key, FL 32625</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>PROBST, KAY</b> 12691 MERLE AVE CEDAR KEY, FL 32625			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <i>Probst, Kay</i> <i>12691 Merle Ave.</i> <i>P.O. Box 879</i> <i>Cedar Key, FL 32625</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>GRIFFIS, ELIZABETH</b> 705 NW 40TH TERRACE GAINESVILLE, FL 32607			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>STARNES, DORTHY</b> P.O. BOX 234 CEDAR KEY, FL 32625			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>ROGERS, JODY</b> P.O. BOX 416 CEDAR KEY, FL 32625			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.							
<b>SIGNATURE:</b> <i>Kay Probst</i>				<i>01/25/07</i>		<i>352 543-9437</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	



## Florida Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 6, 2007

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the Cedar Key State Museum and St. Clair Whitman Citizen Support Organization, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/edc

Attachments