


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000000176</b> 1. Entity Name <b>MARITIME AND YACHTING MUSEUM OF THE TREASURE COAST, INC.</b>	
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Principal Place of Business <b>3250 SW KANNER HWY STUART, FL 34994 US</b>	Mailing Address <b>PO BOX 1448 STUART, FL 34995 US</b>
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**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3220394</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RICKENBACK, THOMAS  
3754 S E FAIRWAY EAST  
STUART, FL 34997**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000182024 01/19/05-80012-007 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICKENBACK, THOMAS 3754 SE FAIRWAY EAST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIGAN, WILLIAM 700 S.W. SALERNO RD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUDDLESTON, STANLEY 334 CARDINAL WAY STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURDICK, GREGG 458 SW SALERNO RD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, WALTER 10680 S OCEAN DRIVE #601 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

**SIGNATURE:** Thomas Rickenback **RICKENBACK** 1/12/05 772 287-8877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #