2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# N94000000176

Entity Name: MARITIME AND YACHTING MUSEUM OF THE TREASURE COAST, INC.

Current Principal Place of Business:

3250 SW KANNER HWY
STUART, FL 34994 US

New Principal Place of Business:

3250 S KANNER HWY
STUART, FL 34994 US

Current Mailing Address:

PO BOX 1448
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-3220394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 S. FEDERAL HWY.
SUITE 100
STUART, FL 34994 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: PD ( ) Delete
Name: LERSCH, WILLIAM
Address: 3250 SW KANNER HWY.
City-St-Zip: STUART, FL 34994

Title: VD ( ) Delete
Name: FALLON, PETER
Address: 3250 SW KANNER HWY.
City-St-Zip: STUART, FL 34994

Title: VD (X) Delete
Name: BUSH, CLINTON (BOB)
Address: 3250 SW KANNER HWY.
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete
Name: DANIEL, KARLIN
Address: 3250 SW KANNER HWY.
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete
Name: BURDICK, GREGG
Address: 3250 SW KANNER HWY.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LERSCH, WILLIAM R
Address: 3250 SW KANNER HWY.
City-St-Zip: STUART, FL 34994

Title: VD (X) Change ( ) Addition
Name: BUSH, CLINTON (BOB)
Address: 3250 SW KANNER HWY.
City-St-Zip: STUART, FL 34994

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 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: WILLIAM R LERSCH PD 02/28/2007

Electronic Signature of Signing Officer or Director — Date