## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001784

Entity Name: FPL HISTORICAL MUSEUM, INC.

**FILED** Mar 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

ATTN: D.P. COYLE 700 UNIVERSE BLVD

700 UNIVERSE BLVD JUNO BEACH, FL 33408 US

JUNO BEACH, FL 33408 US

**New Mailing Address: Current Mailing Address:** 

700 UNIVERSE BLVD 700 UNIVERSE BLVD

ATN: DENNIS P COYLE ATTENTION: ALISSA E. BALLOT JUNO BEACH, FL 33408 US JUNO BEACH, FL 33408

FEI Number: 65-0595015 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEON, J. E. 9250 W FLAGLER ST MIAMI, FL 33174

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

KROMER, MARY LOU KROMER, MARY LOU Name: Name: Address: 700 UNIVERSE BLVD Address: 700 UNIVERSE BLVD City-St-Zip: JUNO BEACH, FL 33408 US City-St-Zip: JUNO BEACH, FL 33408 US

Title: () Delete Title: () Change () Addition

RODRIGUEZ, ANTONIO Name: Name: Address: 700 UNIVERSE BLVD. Address: City-St-Zip: JUNO BCH, FL 33408 US City-St-Zip:

Title: DTS () Delete Title: () Change () Addition

HO, WILLIAM Name: Name: 700 UNIVERSE BLVD. Address: Address: City-St-Zip: JUNO BEACH, FL 33408 US City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

Name: ESCOTO, ROBERT H Name: Address: 700 UNIVERSE BLVD Address: City-St-Zip: JUNO BEACH, FL 33408 US 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: MARY LOU KROMER DP 03/01/2007