

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001784

FILED
Jan 24, 2008
Secretary of State

Entity Name: FPL HISTORICAL MUSEUM, INC.

Current Principal Place of Business:

700 UNIVERSE BLVD
JUNO BEACH, FL 33408 US

New Principal Place of Business:

700 UNIVERSE BLVD
ATTN: ALISSA E. BALLOT
JUNO BEACH, FL 33408 US

Current Mailing Address:

700 UNIVERSE BLVD
ATTENTION: ALISSA E. BALLOT
JUNO BEACH, FL 33408 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEON, J. E.
9250 W FLAGLER ST
MIAMI, FL 33174 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: DP (X) Delete
Name: KROMER, MARY LOU
Address: 700 UNIVERSE BLVD
City-St-Zip: JUNO BEACH, FL 33408 US

Title: D () Delete
Name: RODRIGUEZ, ANTONIO
Address: 700 UNIVERSE BLVD.
City-St-Zip: JUNO BCH, FL 33408 US

Title: DTS () Delete
Name: HO, WILLIAM
Address: 700 UNIVERSE BLVD.
City-St-Zip: JUNO BEACH, FL 33408 US

Title: D () Delete
Name: ESCOTO, ROBERT H
Address: 700 UNIVERSE BLVD
City-St-Zip: JUNO BEACH, FL 33408 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM HO

DTS

01/24/2008

Electronic Signature of Signing Officer or Director

Date