


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90352 046 ****61.25

DOCUMENT # N95000003804	
1. Entity Name THE MUSEUM OF MAN IN THE SEA, INCORPORATED	

Principal Place of Business 17314 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32413-2020 US	Mailing Address 17314 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32413-2020 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3329272	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HARDY, RONALD 15412 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> PD HARDY, RON 6201 THOMAS DR PANAMA CITY BEACH FL 32408 </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> VD DAVIS, BONNIE 171 DOLPHIN COVE FREEPORT FL 32439 </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> SD CULPEPPER, ANNE STAR ROUTE SF-19 VERNON FL 32462 </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> TD BRUHMLER, WILLIAM N 2159 BRIARWOOD CIR PANAMA CITY FL 32405 </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <input checked="" type="checkbox"/> Delete </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <input checked="" type="checkbox"/> Delete </div>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACK BREININGER 1433 HOOPER AVE. SUITE 121 TOMS RIVER NJ 08753 </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN GUIRK 812 MOORE CIRCLE PANAMA CITY FL 32401 </div>

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 duly empowered.

SIGNATURE:  850 225-4101 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #