

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004120

1. Entity Name

SOUTH FLORIDA PIONEER MUSEUM, INC.



Principal Place of Business

**830 NO. KROME AVENUE
HOMESTEAD FL 33030**

Mailing Address

**P.O. BOX 343312
FLORIDA CITY FL 33034
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIGGINS, H L III
1400 L JEFFERSON DRIVE
HOMESTEAD FL 33030**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☐ Delete
NAME: JENSEN, ROBERT
STREET ADDRESS: 18640 SW 295TH TERRACE
CITY-STATE-ZIP: HOMESTEAD FL 33030

TITLE: ☐ Change ☐ Addition
NAME: **U000000632320**
STREET ADDRESS: **02/21/07-80017-019 61.25**
CITY-STATE-ZIP:

TITLE: TD ☐ Delete
NAME: NAUMANN, BOB
STREET ADDRESS: 17951 SW 296TH ST
CITY-STATE-ZIP: HOMESTEAD FL 33030

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: SD ☐ Delete
NAME: MUNZ, MARY ANNE
STREET ADDRESS: 23600 SW 162ND AVE
CITY-STATE-ZIP: HOMESTEAD FL 33031

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: VD ☐ Delete
NAME: WIGGINS, H L
STREET ADDRESS: 1400 L JEFFERSON DRIVE
CITY-STATE-ZIP: HOMESTEAD FL 33030

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Robert Naumann **ROBERT NAUMANN** 8 FEB 2007 305-247-8730