2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N95000004120

Entity Name: SOUTH FLORIDA PIONEER MUSEUM, INC.

Current Principal Place of Business:

830 NO. KROME AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WIGGINS, H L III
1400 L JEFFERSON DRIVE
HOMESTEAD, FL 33030 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:	JENSEN, ROBERT	
Address:	18640 SW 295TH TERRACE	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	TD	( ) Delete
Name:	NAUMANN, BOB	
Address:	17951 SW 296TH ST	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	SD	( ) Delete
Name:	MUNZ, MARY ANNE	
Address:	23600 SW 162ND AVE	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	VD	( ) Delete
Name:	WIGGINS, H L	
Address:	1400 L JEFFERSON DRIVE	
City-St-Zip:	HOMESTEAD, FL 33030	

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: BOB NAUMANN T 05/13/2009
Electronic Signature of Signing Officer or Director — Date