

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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90036 001 ****61.25

DOCUMENT # N96000004173

1. Entity Name

MUSEUM OF AMERICAN CUT AND ENGRAVED GLASS,
INC.



Principal Place of Business

472 CHESNUT STREET
HIGHLANDS FL 28741

Mailing Address

218 WHITESIDE MTN RD
HIGHLANDS NC 28741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3397291

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

SIEK, GOERGE E.
672 POINSETTIA RD #39
BELLEAIR FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33771

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

Richard A. Siek

Richard A. Siek

Feb. 20, 2004

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SIEK, GEORGE E.
STREET ADDRESS 672 POINSETTIA RD #39
CITY-ST-ZIP BELLEAIR FL 33756

TITLE VD ☐ Delete
NAME COCHRAN, STANLEY J
STREET ADDRESS 4TH ST
CITY-ST-ZIP HIGHLANDS NC 28741

TITLE STD ☐ Delete
NAME HAMILTON, WILLIAM R
STREET ADDRESS 533 LAKE DRIVE
CITY-ST-ZIP HENDERSONVILLE NC 28739

TITLE D ☐ Delete
NAME FLEISHER, NEAL
STREET ADDRESS 1156 REDFIELD RIDGE
CITY-ST-ZIP DUNWOOD GA 30338

TITLE D ☐ Delete
NAME SIEK, BONNIE J
STREET ADDRESS 672 POINSETTIA RD #39
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Siek, George E.
STREET ADDRESS 218 Whiteside Mtn Rd.
CITY-ST-ZIP Highlands, NC 28741-7357

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Siek, Bonnie J.
STREET ADDRESS 218 Whiteside Mtn Rd.
CITY-ST-ZIP Highlands, NC 28741-7357

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE: *George E. Siek Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George E. Siek

2/16/04. 828-526-3427

Date

Daytime Phone #