

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

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90073 046 ****61.25

DOCUMENT # N96000004173

1. Entity Name

MUSEUM OF AMERICAN CUT AND ENGRAVED GLASS, INC.



Principal Place of Business

Mailing Address

472 CHESNUT STREET
HIGHLANDS FL 28741

218 WHITESIDE MTN RD
HIGHLANDS NC 28741

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

4. FEI Number

59-3397291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHALLER, DAVID D
30845 COUNTY RD 435
SORRENTO FL 32776

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

David D. Schaller

David D. Schaller

10 Feb 07

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 SIEK, GEORGE E
STREET ADDRESS 218 WHITESIDE MTN ROAD
CITY- ST- ZIP HIGHLANDS NC 28741-7357

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

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

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

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

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

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

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

TITLE D ☐ Delete
NAME SIEK, BONNIE J
STREET ADDRESS 218 WHITESIDE MTN RD
CITY- ST- ZIP FRANKLIN NC 28744-7357

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

TITLE D ☐ Delete
NAME CREECH, FRANK
STREET ADDRESS 51 TLVDGTSI DRIVE
CITY- ST- ZIP BREVARD NC 28712

TITLE ☒ Change ☐ Addition
NAME N/C
STREET ADDRESS N/C
CITY- ST- ZIP N/C
510 TLVDGTSI Drive

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:

George E. Siek Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/07 828-526-3427