

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004173

FILED
Jan 10, 2009
Secretary of State

Entity Name: MUSEUM OF AMERICAN CUT AND ENGRAVED GLASS, INC.

Current Principal Place of Business:

472 CHESNUT STREET
HIGHLANDS, FL 28741

New Principal Place of Business:

Current Mailing Address:

218 WHITESIDE MTN RD
HIGHLANDS, NC 28741

New Mailing Address:

FEI Number: 59-3397291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHALLER, DAVID D
30845 COUNTY RD 435
SORRENTO, FL 32776 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: SIEK, GEORGE E
Address: 218 WHITESIDE MTN ROAD
City-St-Zip: HIGHLANDS, NC 287417357

Title: VD () Delete
Name: COCHRAN, STANLEY J
Address: 4TH ST
City-St-Zip: HIGHLANDS, NC 28741

Title: D () Delete
Name: FLEISHER, NEAL
Address: 1156 REDFIELD RIDGE
City-St-Zip: DUNWOOD, GA 30338

Title: D () Delete
Name: SIEK, BONNIE J
Address: 218 WHITESIDE MTN RD
City-St-Zip: FRANKLIN, NC 287447357

Title: D () Delete
Name: CREECH, FRANK
Address: 510 TLVDATSI DRIVE
City-St-Zip: BREVARD, NC 28712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIEK, GEORGE E
Address: 218 WHITESIDE MTN ROAD
City-St-Zip: HIGHLANDS, NC 28741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLEISHER, NEAL
Address: 1156 REDFIELD RIDGE
City-St-Zip: DUNWOODY, GA 30338

Title: D (X) Change () Addition
Name: SIEK, BONNIE J
Address: 218 WHITESIDE MTN RD
City-St-Zip: HIGHLANDS, NC 28741

Title: D (X) Change () Addition
Name: CREECH, FRANK
Address: 510 TLVDATSI DRIVE
City-St-Zip: BREVARD, NC 28712

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: GEORGE E. SIEK

PRES

01/10/2009

Electronic Signature of Signing Officer or Director

Date