

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006256

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: GOODWOOD MUSEUM AND GARDENS, INC.

## Current Principal Place of Business:

1600 MICCOSUKEE RD  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

1600 MICCOSUKEE RD  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 31-1539800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAARLBERG, LARRY  
1600 MICCOSUKEE RD  
TALLAHASSEE, FL 32308 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: VC ( ) Delete  
Name: PROCTOR, COLLINS  
Address: 401 EAST VIRGINIA STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: LAWRENCE, JOHN  
Address: 1801 QUINCE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BEALL, WALLI  
Address: 442 LACY WOODS COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: C ( ) Delete  
Name: LINES, BLUCHER  
Address: POST OFFICE BOX 550  
City-St-Zip: QUINCY, FL 32353

Title: T ( ) Delete  
Name: WILLIAMS, VERN  
Address: 1824 GOLF TERRACE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: TONNACLIFF, MARY ANN  
Address: 7757 PRESERVATION ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change ( ) Addition  
Name: PROCTOR, VELMA  
Address: 579 IAMONIA FARMS ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

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

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

Title: C (X) Change ( ) Addition  
Name: BURLESON, BEVERLY  
Address: 555 HIGH OAKS COURT  
City-St-Zip: TALLAHASSEE, FL 32312

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: VELMA PROCTOR

D

04/24/2008

Electronic Signature of Signing Officer or Director

Date