2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# N97000002114

Entity Name: MIDDLEBURG HISTORICAL MUSEUM, INC.

Current Principal Place of Business:

3912 SECTION STREET
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

PO BOX 994
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3440126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

HOOPER, KEVIN S
3858 MAIN STREET
MIDDLEBURG, FL 32068 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: DS ( ) Delete
Name: MEYER, PAULA
Address: 4532 TARRAGON AVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: DV ( ) Delete
Name: HENDRY, GAYWARD F
Address: 577 BRANSCOMB RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DP ( ) Delete
Name: MURRAY, RODNEY
Address: P O BOX 1300
City-St-Zip: MIDDLEBURG, FL 32068

Title: DT ( ) Delete
Name: HOOPER, KEVIN
Address: 3858 MAIN ST
City-St-Zip: MIDDLEBURG, FL 32068

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 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 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: KEVIN S HOOPER DT 07/05/2005

Electronic Signature of Signing Officer or Director — Date