


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N97000002114	
1. Entity Name MIDDLEBURG HISTORICAL MUSEUM, INC.	

Principal Place of Business 3912 SECTION STREET MIDDLEBURG, FL 32068	Mailing Address PO BOX 994 MIDDLEBURG, FL 32050
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01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3440126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOOPER, KEVIN S 3858 MAIN STREET MIDDLEBURG, FL 32068

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000790376 01/23/08-80033-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	DS MEYER, PAULA 4532 TARRAGON AVE MIDDLEBURG, FL 32068
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	DV HENDRY, GAYWARD F 577 BRANSCOMB RD GREEN COVE SPRINGS, FL 32043
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	DP MURRAY, RODNEY P O BOX 1300 MIDDLEBURG, FL 32068
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	DT HOOPER, KEVIN 3858 MAIN ST MIDDLEBURG, FL 32068
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rodney Murray RODNEY MURRAY 1/17/08 964 282-9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone