

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003010

FILED
May 05, 2010
Secretary of State

Entity Name: HANDS ON CHILDREN'S MUSEUM, INC.

Current Principal Place of Business:

8580 BEACH BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8580 BEACH BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3450375 **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:

Name and Address of New Registered Agent:

LOCKE, PAMELA J
12126 CAP FERRAT ST.
JACKSONVILLE, FL 32224 US

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: DPST
Name: LOCKE, PAMELA J
Address: 12126 CAP FERRAT ST.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: LOCKE, OTIS J II
Address: 12126 CAP FERRAT ST.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: ROTTER, BRIAN F
Address: 9788 NIMITZ CT. S.
City-St-Zip: JACKSONVILLE, FL 32246

Title: BM
Name: WATSON, ANNETTE
Address: 9947 JEANETTE RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: BM
Name: LACY, JENNIFER
Address: 12281 CALAIS ST
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: PAMELA LOCKE

DIRE

05/05/2010

Electronic Signature of Signing Officer or Director

Date