

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000184

FILED
Mar 14, 2004
Secretary of State**Entity Name:** THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY, INCORPORATED**Current Principal Place of Business:**8401 9TH STREET N
SUITE 390B
SAINT PETERSBURG, FL 33702 US**New Principal Place of Business:****Current Mailing Address:**8401 9TH STREET N
SUITE 390B
SAINT PETERSBURG, FL 33702 US**New Mailing Address:****FEI Number:** 59-3486566**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMIDA, LOU
8401 9TH ST. N.
SUITE 390B
SAINT PETERSBURG, FL 33702 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:** DST () Delete
Name: SIMIDA, TRUDY
Address: 8401 9TH ST. N., SUITE 390B
City-St-Zip: SAINT PETERSBURG, FL 33702**Title:** D () Delete
Name: SIMIDA, KIMBER
Address: 8401 9TH ST. N., SUITE 390B
City-St-Zip: SAINT PETERSBURG, FL 33702**Title:** DPC () Delete
Name: SMIDA, LOU
Address: 8401 9TH ST. N., SUITE 390B
City-St-Zip: SAINT PETERSBURG, FL 33702**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:

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: LOU SMIDA

PRES

03/14/2004

Electronic Signature of Signing Officer or Director

Date