

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90112 033 \*\*\*\*61.25

**50029068**

<b>DOCUMENT # N98000000184</b>					
<b>1. Entity Name</b> THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY, INCORPORATED					
<b>Principal Place of Business</b> 8401 9TH STREET N SUITE 390B SAINT PETERSBURG, FL 33702 US			<b>Mailing Address</b> 8401 9TH STREET N SUITE 390B SAINT PETERSBURG, FL 33702 US		
<b>2. Principal Place of Business</b> 1617 S. Federal Hwy Suite, Apt. #, etc. 408		<b>3. Mailing Address</b> 1617 S. Federal Hwy Suite, Apt. #, etc. SAME			
<b>City &amp; State</b> Don Pedro Beach, FL		<b>City &amp; State</b> Same		03022005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 59-3486566		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SMIDA, LOU 8401 9TH ST. N. 1617 S. Federal Hwy, #408 SUITE 390B SAINT PETERSBURG, FL 33702			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE:  DATE: 3/14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DST SIMIDA, TRUDY <input type="checkbox"/> Delete 8401 9TH ST. N., SUITE 390B SAINT PETERSBURG, FL 33702		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition Lou Bajgier 8401 9TH ST N #390B St Petersburg, FL 33702	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D SIMIDA, KIMBER <input checked="" type="checkbox"/> Delete 8401 9TH ST. N., SUITE 390B SAINT PETERSBURG, FL 33702		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> - President 3/14/05 954-650-9840 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					