

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000184

FILED
Mar 14, 2006
Secretary of State

Entity Name: THE FLORIDA WORLD MUSEUM OF NATURAL HISTORY, INCORPORATED

Current Principal Place of Business:

1617 S FEDERAL HWY #408
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

1010 SEMINOLE DR.
#403
FT. LAUDERDALE, FL 33304 US

Current Mailing Address:

C/O OF SMIDA
1617 S FEDERAL HWY #408
POMPANO BEACH, FL 33062 US

New Mailing Address:

C/O OF LOU SMIDA
1010 SEMINOLE DR., #403
FT. LAUDERDALE, FL 33062 US

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
1617 S FEDERAL HWY #408
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

SMIDA, LOU
1010 SEMINOLE DR.
#403
FT. LAUDERDALE, FL 33304 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:

03/14/2006

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: BAGGIER, LOU
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: DST (X) Change () Addition
Name: SMIDA, TRUDY
Address: 1010 SEMINOLE DR.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPC (X) Change () Addition
Name: SMIDA, LOU
Address: 1010 SEMINOLE DR. #403
City-St-Zip: FT. LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

P

03/14/2006

Electronic Signature of Signing Officer or Director

Date