

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000184

FILED  
Apr 03, 2007  
Secretary of State

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

## Current Principal Place of Business:

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

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

## New Principal Place of Business:

1010 SEMINOLE DR.  
#308  
FT. LAUDERDALE, FL 33304 US

## New Mailing Address:

C/O OF LOU SMIDA  
1010 SEMINOLE DR., #308  
FT. LAUDERDALE, FL 33062 US

## Name and Address of New Registered Agent:

SMIDA, LOU  
1010 SEMINOLE DR.  
#308  
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:

04/03/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: SMIDA, TRUDY  
Address: 1010 SEMINOLE DR.  
City-St-Zip: FT. LAUDERDALE, FL 33304

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: 1010 SEMINOLE DR. #403  
City-St-Zip: FT. LAUDERDALE, FL 33304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GIBBS, DON  
Address: 2400 COMMERCIAL BLVD, SUITE 500  
City-St-Zip: FT. LAUDERDALE, FL 33308

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

Title: DPST (X) Change ( ) Addition  
Name: SMIDA, LOU  
Address: 1010 SEMINOLE DR. #308  
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

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

Date