

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90306 013 ****61.25

14014700



04222004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3532182** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # N98000001378

1. Entity Name
PANAMA CANAL MUSEUM, INC.



Principal Place of Business
**7985 113TH STREET
SUITE 100
SEMINOLE, FL 33772-4785 US**

Mailing Address
**7985 113TH STREET
SUITE 100
SEMINOLE, FL 33772-4785 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**WOOD, JOSEPH
3002 SAWGRASS CIRCLE
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D HUMMER, CHARLES**
STREET ADDRESS **649 SWEETWATER WAY**
CITY-ST-ZIP **HAINES CITY, FL 338446309**

TITLE ☒ Change ☐ Addition
NAME **Hummer, Charles**
STREET ADDRESS **4480 Mainlands W.**
CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE ☐ Delete
NAME **D WOOD, JOSEPH**
STREET ADDRESS **3002 SAWGRASS CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D EGOLF, KATHERINE G**
STREET ADDRESS **3848 90TH TERR NO**
CITY-ST-ZIP **PINELLAS PARK, FL 34666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D GLASSBURN, PAUL**
STREET ADDRESS **1710 CYPRESS TRACE DRIVE**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D PETERSON, BARBARA**
STREET ADDRESS **6354 SAMOA DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Katherine G. Egolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-04
Date

727-394-9338
Daytime Phone #