


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3532182	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOOD, JOSEPH 3002 SAWGRASS CIRCLE TALLAHASSEE FL 32308
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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 _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	
TITLE	D <input type="checkbox"/> Delete
NAME	HUMMER, CHARLES
STREET ADDRESS	4480 MAINLANDS W.
CITY-ST-ZIP	PINELLAS PARK FL 33782
TITLE	D <input type="checkbox"/> Delete
NAME	WOOD, JOSEPH
STREET ADDRESS	3002 SAWGRASS CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> Delete
NAME	EGOLF, KATHERINE G
STREET ADDRESS	3848 90TH TERR NO
CITY-ST-ZIP	PINELLAS PARK FL 34666
TITLE	D <input type="checkbox"/> Delete
NAME	GLASSBURN, PAUL
STREET ADDRESS	1710 CYPRESS TRACE DRIVE
CITY-ST-ZIP	SAFETY HARBOR FL 34685
TITLE	D <input type="checkbox"/> Delete
NAME	PETERSON, BARBARA
STREET ADDRESS	6354 SAMOA DRIVE
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000478250
04/07/06-80023-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.