

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90049 045 ***150.00



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1. Entity Name

OLD FLORIDA MUSEUM, INC.

Principal Place of Business

254 D SAN MARCO AVE.
 ST. AUGUSTINE FL 32084
 US

Mailing Address

254 D SAN MARCO AVE.
 ST. AUGUSTINE FL 32084
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3550761

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PONCE, CHARLES F JR
 348 ST. GEORGE AVE.
 ST. AUGUSTINE FL 32095

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
 NAME CRAIG, SANDY
 STREET ADDRESS 1737 SANTANDER ST
 CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE President Change Addition
 NAME Ponce, Charles F Jr.
 STREET ADDRESS 348 St George Ave.
 CITY-ST-ZIP St. Augustine, FL 32095

TITLE VP Delete
 NAME PONCE, CHARLES F JR
 STREET ADDRESS 348 ST. GEORGE AVE
 CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE Vice President Change Addition
 NAME Craig, Sandy
 STREET ADDRESS 1737 Santander St
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE S Delete
 NAME PONCE, KAREN
 STREET ADDRESS 348 ST GEORGE AVE
 CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME CRAIG, SANDY
 STREET ADDRESS 1737 SANTANDER STREET
 CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE Treasurer Change Addition
 NAME Kimber Ponce
 STREET ADDRESS 1737 Santander St
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 607, 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: Karen Ponce Karen Ponce
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04
 Date

904)824-8874
 Daytime Phone #