

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-04-2004 90049 045 ***150.00



DOCUMENT # P99000003706

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

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

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 \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAIG, SANDY	
STREET ADDRESS	1737 SANTANDER ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PONCE, CHARLES F JR	
STREET ADDRESS	348 ST. GEORGE AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	PONCE, KAREN	
STREET ADDRESS	348 ST GEORGE AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRAIG, SANDY	
STREET ADDRESS	1737 SANTANDER STREET	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ponce, Charles F Jr.	
STREET ADDRESS	348 St George Ave.	
CITY-ST-ZIP	Sti Augustine, FL 32095	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig, Sandy	
STREET ADDRESS	1737 Santander St	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimber Ponce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1737 Santander St	
CITY-ST-ZIP	St. Augustine, FL 32084	
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		

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 #