

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003706

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: OLD FLORIDA MUSEUM, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

P. O. BOX 528  
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-3550761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PONCE, CHARLES F JR  
348 ST. GEORGE AVE.  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PONCE, CHARLES F JR  
Address: 348 ST GEORGE AVE.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: CRAIG, SANDY  
Address: 1753 SANTANDER ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: PONCE, KAREN  
Address: 348 ST GEORGE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T ( ) Delete  
Name: PONCE, KAREN  
Address: 348 ST GEORGE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: CRAIG, SANDRA  
Address: 1753 SANTANDER ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN PONCE

SEC

01/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date