

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003706

FILED
Mar 04, 2009
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:

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

Current Mailing Address:

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

New Mailing Address:

P. O. BOX 528
ST. AUGUSTINE, FL 32085 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:

PONCE, CHARLES F JR
25 SYLVAN DRIVE
ST. AUGUSTINE, FL 32084 US

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: _____

03/04/2009

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, SANDRA
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: P (X) Change () Addition
Name: PONCE, CHARLES F JR
Address: 25 SYLVAN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP (X) Change () Addition
Name: PONCE, KAREN
Address: 25 SYLVAN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S (X) Change () Addition
Name: PONCE, KAREN
Address: 25 SYLVAN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T (X) Change () Addition
Name: PONCE, CHARLES F JR.
Address: 25 SYLVAN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

S

03/04/2009

Electronic Signature of Signing Officer or Director

Date