

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003706

FILED  
Mar 02, 2010  
Secretary of State

Entity Name: OLD FLORIDA MUSEUM, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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  
25 SYLVAN DRIVE  
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  
Name: PONCE, CHARLES F JR  
Address: 25 SYLVAN DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP  
Name: PONCE, KAREN  
Address: 25 SYLVAN DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S  
Name: PONCE, KAREN  
Address: 25 SYLVAN DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN PONCE

S

03/02/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date