

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003706

FILED
Apr 01, 2011
Secretary of State

Entity Name: OLD FLORIDA MUSEUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

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

SECR

04/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date