

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 31, 2012  
Secretary of State**

DOCUMENT# P99000003706

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:**

303 B ANASTASIA BLVD.  
PMB 2536  
ST. AUGUSTINE, FL 32080 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  
25 SYLVAN DRIVE  
ST. AUGUSTINE, FL 32084 US

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

PITZALIS, WILLIAM G  
948 WINDWARD WAY  
ST. AUGUSTINE, FL 32080 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: WILLIAM G. PITZALIS      08/31/2012  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PITZALIS, WILLIAM G  
Address: 948 WINDWARD WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP  
Name: STAUBLE, BEAT  
Address: 88 RIBERIA STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S  
Name: PITZALIS, WILLIAM G  
Address: 948 WINDWARD WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T  
Name: STAUBLE, BEAT  
Address: 88 RIBERIA STREET  
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: WILLIAM G. PITZALIS      PRES      08/31/2012  
Electronic Signature of Signing Officer or Director      Date