

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002153

**Entity Name:** INTERNATIONAL INDEPENDENT SHOWMEN'S MUSEUM CORPORATION

**FILED  
Apr 21, 2017  
Secretary of State  
CC5908007215**

**Current Principal Place of Business:**

6915 RIVERVIEW DRIVE  
RIVERVIEW, FL 33578

**Current Mailing Address:**

PO BOX 3359  
RIVERVIEW, FL 33578 US

**FEI Number: 59-3658955**

**Certificate of Status Desired: Yes**

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

MCEWEN, DAVID B  
560 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ARNOLD, IVAN R  
Address 6915 RIVERVIEW DR  
City-State-Zip: RIVERVIEW FL 33578

Title VD  
Name GAYLIN, TOM  
Address 6915 RIVERVIEW DR.  
City-State-Zip: RIVERVIEW FL 33578

Title SD  
Name ELLIOTT, JAMES  
Address 6915 RIVERVIEW DR  
City-State-Zip: RIVERVIEW FL 33578

Title TD  
Name TANNER, BETTY  
Address 6915 RIVERVIEW DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title D  
Name GARRETT, MARTHA  
Address 6915 RIVERVIEW DR.  
City-State-Zip: RIVERVIEW FL 33569

*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 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: IVAN ARNOLD**

**PRESIDENT**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date