

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06888

**Entity Name:** FLORIDA AGRICULTURAL MUSEUM, INC.**Current Principal Place of Business:**7900 OLD KINGS ROAD N  
PALM COAST, FL 32137**Current Mailing Address:**7900 OLD KINGS ROAD N  
PALM COAST, FL 32137 US**FEI Number:** 59-2659573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOBLICK, KARA  
7900 OLD KINGS ROAD N  
PALM COAST, FL 32137 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:** KARA HOBLICK

04/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE, CHAIRMAN  
Name KENNEY, MICHAEL  
Address 7900 OLD KINGS ROAD N  
City-State-Zip: PALM COAST FL 32137

Title TRUSTEE, SECRETARY  
Name LANIER, JARED  
Address 7900 OLD KINGS ROAD N  
City-State-Zip: PALM COAST FL 32137

Title TRUSTEE, TREASURER  
Name LIVINGSTON, WILLIAM  
Address 7900 OLD KINGS ROAD N  
City-State-Zip: PALM COAST FL 32137

Title OTHER  
Name HOBLICK, KARA  
Address 7900 OLD KINGS ROAD N  
City-State-Zip: PALM COAST FL 32137

Title TRUSTEE, VC  
Name BAILEY, CLARK  
Address 7900 OLD KINGS ROAD N  
City-State-Zip: PALM COAST FL 32137

*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:** KARA HOBLICK**EXECUTIVE DIRECTOR**

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date