

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06888

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

04/01/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TRUSTEE, SECRETARY  
Name BILL, LIVINGSTON  
Address 7900 OLD KINGS ROAD  
City-State-Zip: PALM COAST FL 32137

Title TRUSTEE, TREASURER  
Name BRAME, RONALD A JR.  
Address 7900 OLD KINGS ROAD  
City-State-Zip: PALM COAST FL 32137

Title TRUSTEE, VC  
Name SIEGMEISTER, JOE  
Address 7900 OLD KINGS ROAD  
City-State-Zip: PALM COAST FL 32137

Title TRUSTEE, ASST. TREASURER  
Name NATHAN, MCLAUGHLIN  
Address 7900 OLD KINGS ROAD  
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:** RONALD A BRAME JR

TREASURER

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date