

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732469

**FILED
Jul 01, 2004
Secretary of State**

Entity Name: MUSEUM OF SOUTHERN HISTORY, INC.

Current Principal Place of Business:

4304 HERSCHEL ST
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4304 HERSCHEL T
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-1662145 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FURNS, R. GARY
1566 SANDY SPRINGS DR.
JACKSONVILLE, FL 32003 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: VD () Delete
Name: HARDEE, LUCIUS A
Address: 4227 BEVERLY AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD () Delete
Name: EVANS, R. GARY
Address: 1566 SANDY SPRINGS DR.
City-St-Zip: ORANGE PARK, FL 32003

Title: SD () Delete
Name: BOND, JOHN R
Address: 7407 HENNESSY RD
City-St-Zip: JACKSONVILLE, FL

Title: CD () Delete
Name: SEPGRPVES, VAN
Address: 3618 WALSH ST.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: SEAGRAVES, VAN
Address: 3618 WALSH ST.
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VAN C. SEAGRAVES

CD

07/01/2004

Electronic Signature of Signing Officer or Director

Date