

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732469

FILED
Feb 14, 2006
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: BRUNDICK, TESCH
Address: 4804 ARAPAHOE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: PD () Delete
Name: KERLIN, RANDY
Address: 741 PARK AVE. #133
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Delete
Name: O'NEAL, VAN R
Address: 17500 MONTESSA TERRACE
City-St-Zip: JACKSONVILLE, FL 32226 US

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

Title: CD () Delete
Name: HARDEE, LUCIOUS A
Address: 4227 BEVERLY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: TERRY, GORDON
Address: 4505 BASS PLACE SOUTH
City-St-Zip: JACKSONVILLE, FL 32210 US

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/14/2006

Electronic Signature of Signing Officer or Director

Date