FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

ARTICLES
AND
FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712413** **(4)**

1. Corporation Name

THE TARPON SPRINGS AREA HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
160 E TARPON AVE TARPON SPRINGS FL 34689	160 E TARPON AVE TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/15/1967**
3a. Date of Last Report: **01/24/1994**
4. FEI Number: **23-7335783** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOFFMAN, EDWARD 99 E. ORANGE ST. TARPON SPRINGS FL 34689	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	SALLEY, DUDLEY (DR)	12 NAME	
STREET ADDRESS	2 WEST ORANGE	13 STREET ADDRESS	300001410473
CITY-ST-ZIP	TARPON SPRINGS FL	14 CITY-ST-ZIP	-02/20/95--01066--009
			*****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BURRUSS, MARY	22 NAME	
STREET ADDRESS	135 WHITCOMB BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, ELSIE	32 NAME	
STREET ADDRESS	1187 E KLOSTERMAN RD	33 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ARCHIE, ELIZABETH	42 NAME	
STREET ADDRESS	455 MORGAN ST.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	TEVIS, ODESSA E	52 NAME	
STREET ADDRESS	3916 SUNRAY DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL. 33590	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, ED C	62 NAME	
STREET ADDRESS	99 @ ORANGE	63 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000	64 CITY-ST-ZIP	

2/17/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Odessa E Tevis Odessa E Tevis ST 1/17/95 813-938-3711 Ext 251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #