


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 712413 | |  |
| 1. Entity Name THE TARPON SPRINGS AREA HISTORICAL SOCIETY, INC. | | |
| Principal Place of Business 160 E TARPON AVE TARPON SPRINGS, FL 34689 | Mailing Address 160 E TARPON AVE TARPON SPRINGS, FL 34689 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MOUNTAIN, CAROL 1732 DIXIE HWY TARPON SPRINGS, FL 34689 | | DO NOT WRITE IN THIS SPACE |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOUNTAIN, CAROL 1732 DIXIE HWY TARPON SPRINGS, FL 34689 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCHEIBLE, ELLEN 979 SPINNAKER CT TARPON SPRINGS, FL 34689 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TARAPANI, CYNDI 22 N SPRING BLVD TARPON SPRINGS, FL 34689 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARCHIE, ELIZABETH 455 MORGAN ST. TARPON SPRINGS, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GIBSON, VALERIE 101 READ ST TARPON SPRINGS, FL 34689 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SPILMAN, RACHEL 1440 MEYER LN. TARPON SPRINGS, FL 34689 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE: <u>Carol Mountain</u> <u>CAROL MOUNTAIN</u> <u>4.21.2008</u> <u>721.204.0204</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



04162008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 23-7335783 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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05/13/08-80046-015 61.25

**DO NOT WRITE
IN THIS SPACE**