

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90078 038 ****61.25

DOCUMENT # 740790 1. Entity Name AMELIA ISLAND MUSEUM OF HISTORY, INC.					
Principal Place of Business 233 S. 3RD ST. FERNANDINA BEACH, FL 32034			Mailing Address 233 S. 3RD ST. FERNANDINA BEACH, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1867595	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, JOSEPH P. 863 SOUTH FLETCHER FERNANDINA BEACH, FL 32034				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. SD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD-D ATWOOD, CAROL A 436 BEACSIDE PLACE FERNANDINA BEACH, FL 32034 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUANNE Z. THAMM 404 BROOME ST. FERNANDINA BEACH, FL 32034 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITTLE, SUSAN 1863 OCEAN VILLAGE DRIVE FERNANDINA BEACH, FL 32034 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAH BORK 4659 GENOA DR. AMELIA ISLAND, FL 32034 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCABE, JOY 1792 JACKSON COURT FERNANDINA BEACH, FL 32034 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMIY W. CARMAIN 631 TARPON AVE. FERNANDINA BEACH, FL 32035 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DON 4665 GENOA DR FERNANDINA BEACH, FL 32034 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT S. HAMER 119 N. 4th ST. FERNANDINA BEACH, FL 32034 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, JOSEPH P 863 SOUTH FLETCHER FERNANDINA BEACH, FL 32034 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAN H. JOHANNES 1416 BEECHER LANE ORANGE PARK, FL 32073 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRDSONG, WILLIAM 407 PORTSIDE DRIVE FERNANDINA BEACH, FL 32034 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM J. RASER 1522 INVERNESS RD. FERNANDINA BEACH, FL 32034 ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:			1-20-05 9043214227		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

SEE
ATTACHE SHEET FOR

ATTACHMENT

740790

50008213

D

FRANK REIDINGER

1638 REGATTA DR.

AMELIA ISLAND, FL 32034

D

GEORGE W. SHEFFIELD, SR.

1560 CANOPY DR.

FERNANDINA BEACH, FL 32034

D

SUSAN MC CRANIE SIEGMUND

2165 NATURES GATE COURT N.

FERNANDINA BEACH, FL 32034